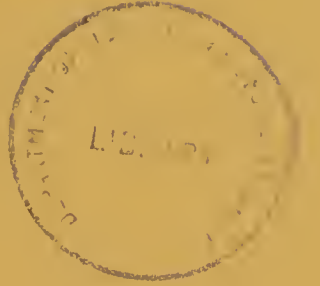


WILTSHIRE
COUNTY
COUNCIL



Annual Report of the Medical Officer of Health for the year 1970

ACKD BY

Being the statutory report required to be made by the County Medical
Officer of Health under the Public Health Officers Regulations 1959

K



Amesbury Health Centre—opened 1st June, 1970



Calne Health Centre—opened 16th November, 1970
(Reception Hall)



Medical Officer testing child's fine manipulative ability during developmental paediatric examination at child health clinic, Amesbury Health Centre



Mother conversing with her partially hearing child using radio transmitting hearing aid

WILTSHIRE COUNTY COUNCIL

Annual Report

OF THE

Medical Officer of Health

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under the Public Health Officers Regulations, 1959

FOR THE YEAR

1970

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Foreword

The main trends in the County Council's health services which have been noticeable during the past few years continued during 1970.

Progress was made with the more modern practice of developmental assessment of young children, the Amesbury and Calne Health Centres were opened (though unfortunately slow progress continued to be made with other health centre projects) and the attachment of health visitors to general practitioners and closer relations of the staff at headquarters and in the field with those working in hospitals throughout the County led to better understanding and, therefore, to better co-ordinated services for the public.

Tuberculosis continued to show an encouraging decline.

Whatever happens now occurs in the atmosphere of the changes in the health and social work services which are taking place nationally. The year 1970 was in fact the last in which the Health Committee of the County Council, and the Health Department, remained responsible for the whole range of services laid upon them by the National Health Service Act, 1946. On the 1st January, 1971, the Social Services Committee assumed responsibility for the community mental health services, the home help service, the day-care of pre-school children, the care of unmarried mothers and the provision of recuperative holidays, and during 1971 the administration of these services is being transferred to the Social Services Department.

The accounts given in the appropriate sections of this report indicate how far development of these services has reached so that it is unnecessary to write in detail about them in this Foreword, but I should like to express my warm appreciation of the work of the staff now being transferred from the Health Department and to wish them well. Not less do I wish to thank those who remain, who have not only to continue the main part of the work of the Health Department but also to adapt to the present changes and to those in the National Health Service which are expected in 1974. These coming events cast not only a shadow before them but considerable substance in their effect upon the operation of the health services during the interim period. It is essential not merely that there should be no deterioration in the standard, which I feel sure the County Council would not willingly accept in any case, but that there should continue to be development in ways conducive to the success of the reorganised National Health Service when the time comes.

A full report was made to the Health Committee in March 1971 on these matters and was accepted in principle.

During 1970 the last Government issued their Second Green Paper and, following the General Election, the present Government have produced a Consultative Document embodying their own ideas for National Health Service Reorganisation. While the changes expected in 1974 will lead to a compromise rather than an ideal re-arrangement, they should offer a much better chance of the development of a truly integrated National Health Service. Unfortunately many of the particulars which closely affect the present local health authority services and those who work in them, will not be clear until later as they will depend upon the reports of several working parties. However, in the meantime there remain clear lines of development of local government health services which can be pursued with confidence and it is essential not only to have the will but the finance to achieve this.

The help of other Departments of the County Council will continue to be essential as well as that of workers in the other two parts of the National Health Service, and I am happy to express my appreciation of the co-operation of all of them.

C. D. L. LYCETT.

County Hall,
Trowbridge.
August, 1971

Committees

The Committees of the County Council mainly concerned with public health during the year were :—

Health Committee.

Education Committee (school health service and hygiene in schools).

Close liaison was also maintained with other committees, such as the Welfare Committee and the Childrens' Committee, and the County Medical Officer of Health acts as adviser on health matters to all committees of the Council.

Under Section 46 of the Local Government Act, 1958, functions in respect of the following services are delegated to the Swindon Borough Council :—

Health Centres

Care of Mothers and Young Children

Midwifery

Health Visiting

Home Help

Home Nursing

Vaccination and Immunisation

Prevention of Illness, Care and After-Care

Staff

County Medical Officer of Health and Principal School Medical Officer :—

C. D. L. Lycett, M.D., B.S., B.Sc., D.P.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer :—

J. H. Whittles, T.D., M.D., B.S., B.Sc., D.P.H.

Senior Medical Officers :—

E. Hazel Williams, M.B., B.S., D.P.H., D.C.H.

S. W. W. Terry, M.B., B.S., D.P.H., D.T.M. and H.

Medical Officer of Health and Principal School Medical Officer, Swindon :—

J. Urquhart, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer, Swindon :—

J. May, M.B., Ch.B., D.P.H.

Medical Officers :—

W. E. Anwyl, M.R.C.S., L.R.C.P., D.P.H., D.I.H. (also Medical Officer of Health, Highworth Rural District.
P. C. Barry, L.R.C.P. and S., D.P.H. (also Medical Officer of Health, Devizes Borough and Devizes Rural District).

J. L. Davies, M.B., B.S., D.P.H. (also Medical Officer of Health, Trowbridge Urban District and Bradford-on Avon Urban District). (Resigned w.e.f. 30.12.70).

F. R. T. Hollins, B.A., M.B., B.Ch., B.A.O., D.P.H. (also Medical Officer of Health, Salisbury City).

E. H. Lamb, M.B., Ch.B., D.P.H., D.I.H. (also Medical Officer of Health, Cricklade and Wootton Bassett Rural District).

F. J. G. Lishman, M.D., B.S., D.P.H., D.L.O., L.M.C.C.(Canada) (also Medical Officer of Health, Wilton Borough, Salisbury and Wilton Rural District, Mere and Tisbury Rural District).

J. Reynolds, M.C., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (also Medical Officer of Health, Warminster Urban District, Westbury Urban District, Warminster and Westbury Rural District).

F.D.F. Steede, M.B., B.Ch., B.A.O., D.P.H. (also Medical Officer of Health, Marlborough Borough, Amesbury Rural District, Pewsey Rural District, Marlborough and Ramsbury Rural District).

G. Wolfenden, M.B., B.Ch., B.A.O., D.P.H. (also Medical Officer of Health, Melksham Urban District and Bradford and Melksham Rural District).

J. R. R. Wray, M.R.C.S., L.R.C.P., D.P.H. (also Medical Officer of Health, Calne Borough Council, Chippenham Borough Council, Malmesbury Borough Council, Calne and Chippenham Rural District and Malmesbury Rural District).

A. F. Fowler, M.R.C.S., L.R.C.P., D.T.M. and H., D.P.H.

H. Margaret Hammond, M.B., Ch.B.

J. S. Harper, M.B., Ch.B., M.R.C.P., D.P.H.

Delia F. Morris, M.B., B.S., D.P.H.

Angela M. Pickrell (née Harris), M.B., Ch.B.

Blaguigna Popham, M.R.C.S., L.R.C.P., D.P.H. (Retired 30.9.70).

Psychiatrists (part-time) :—

R. F. Barbour, M.A., F.R.C.P., D.P.M.

T. A. A. Hunter, B.A., M.B., B.Ch., M.R.C.P.

J. E. Oliver, M.B., B.S., D.P.M.

K. C. P. Smith, M.R.C.S., L.R.C.P., D.P.M.

Chief Dental Officer and Principal School Dental Officer :—

D. Middleton, L.D.S.

Area Dental Officer :—

W. A. Humpherson, L.D.S., B.D.S.

Assistant Dental Officers and School Dental Officers :—

D. M. H. Balfe, B.D.S.
Patricia Ensum, L.D.S.
A. E. Fisher, B.D.S.
J. R. Green, B.D.S. (Commenced 26.1.70).
C. A. J. Heath, L.D.S.
I. Hopes, B.D.S.
P. R. I'Anson, L.D.S.
D. T. Lacey, B.D.S.
R. J. McFeat, L.D.S.
Mrs. E. B. Medley, L.D.S., B.D.S.
E. D. G. Medley, L.D.S., B.D.S., B.Sc. (Commenced 14.12.70).
C. J. Nash, L.D.S.
D. A. Newton, B.D.S.
R. J. Ryder, B.D.S. (Resigned 31.12.70).

Dental Auxiliaries :—

Miss J. M. F. Hadingham. (Resigned 23.8.70).
Mrs. D. R. Stableforth. (Resigned 15.5.70).

Psychologists :—

C. S. Rushton, B.A.
R. C. S. Hamilton, M.A., Ed.B., B.Sc., B.Litt.

Chief Administrative Assistant :—

R. M. Bainton

Superintendent Health Visitor :—

Miss E. Search, S.R.N., S.R.F.N., S.C.M., H.V.

Superintendent Nursing Officer :—

Miss M. J. K. Stephens, S.R.N., S.C.M., H.V., Q.N.

County Health Inspector :—

P. M. Ennis, M.R.S.H., M.A.P.H.I.

Mental Health Supervising Officer :—

K. W. Gibbs

County Ambulance Officer :—

N. F. Russell

Chief Chiropodist :—

C. L. R. Rees, S.R.Ch.

Senior Chiropodists :—

Mrs. R. Ayre, A.Ch.S., S.R.Ch.
E. W. Beattie, M.Ch., S.R.Ch.
Mrs. J. Cheater, L.Ch., S.R.Ch.
L. E. Clubb, M.Ch.S., S.R.Ch.
Mrs. E. M. Cutler, M.Ch.S., S.R.Ch. (Commenced 1.3.70).
G. H. Gander, M.Ch.S., S.R.Ch.
Mrs. A. C. Matthewson, M.Ch.S., S.R.Ch. (Commenced 8.6.70).
Miss E. J. G. Prentice, M.Ch.S., S.R.Ch. (Commenced 7.7.70).
J. D. Pullen, M.Ch.S., S.R.Ch.
Miss M. J. Read, M.Ch.S., S.R.Ch.

Hearing Therapists :—

D. Wilton Brown, B.A., Dip.Audiol.
R. Ap Harri.

Vital Statistics

POPULATION

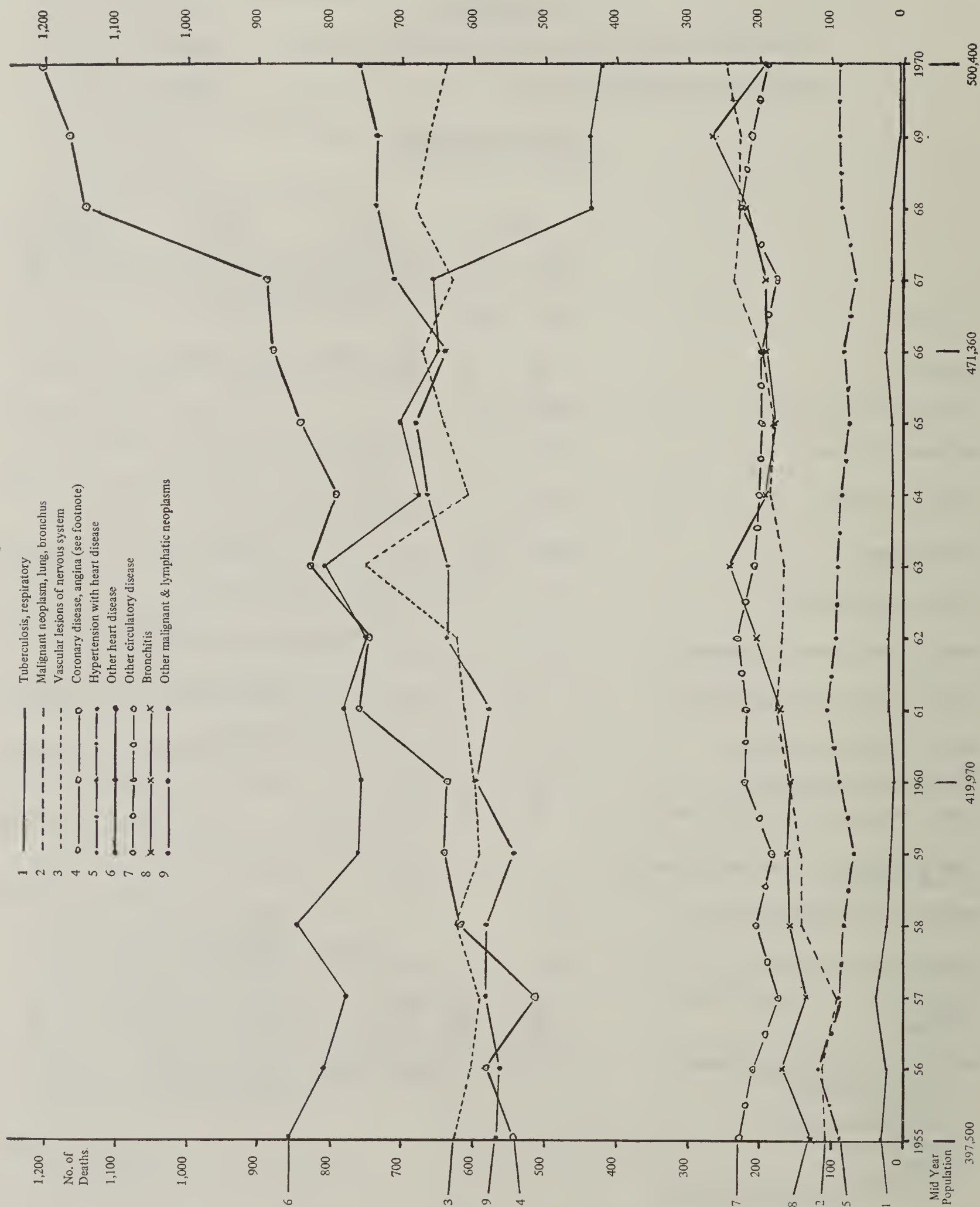
The Registrar General's estimate for 1970 (including Services) ... **500,400**
The figure for the pervious year was 496,930

BIRTHS AND DEATHS

	Number		Rate for County		Rate for England and Wales		Rate for S.W. Standard Region	
	1970	1969	1970	1969	1970	1969	1970	1969
			(Per 1,000 population)					
Live births	8,630	8,757	17.2	17.6	16.0	16.3	—	16.58
Still births	102	120	12.0	14.0	13.0	13.0	—	12.51
Total Live and Still Births	8,732	8,877	—	—	—	—	—	—
Illegitimate Live Births	583	582	6.67	6.64	8.0	8.0	—	—
Premature Live Births	547	585	63.5	66.8	—	—	—	—
Deaths (all ages)	5,053	5,029	10.7	10.7	11.7	11.9	—	10.88
Deaths of Infants under one	154	152	18.0	17.0	18.0	18.0	16.97	16.12
Deaths of Infants under one (Legitimate) ...	135	138	17.0	17.0	17.0	17.0	—	—
Deaths of Infants under one (Illegitimate) ...	19	14	33.0	24.0	26.0	25.0	—	23.80
Deaths of Infants under 4 weeks	102	86	12.0	10.0	12.0	12.0	—	10.52
Deaths of Infants under 1 week	91	72	11.0	8.0	11.0	10.0	—	—
Deaths of Premature Infants under 4 weeks ...	78	58	9.05	6.62	—	12.0	—	—
Perinatal Mortality (Still Births and Deaths under 1 week combined)	193	192	22.0	22.0	23.0	23.0	—	21.24
Maternal Deaths (including abortions)	Nil	1	Nil	0.21	0.18	0.19	—	—
Deaths from cancer (all forms)	1,010	958	2.10	1.92	2.39	2.35	—	—
Deaths from cancer of lung and bronchus :—								
Male	212	185	0.50	0.46	0.62	0.61	—	—
Female	37	43						
Deaths from certain Infectious Diseases :—								
Tuberculosis (Respiratory)	4	5	0.014	0.032	0.033	0.037	—	—
Tuberculosis (Other)	3	11						
Diphtheria	—	—						
Meningococcal Infection	2	3						
Acute Poliomyelitis	—	—						
Measles	—	—						
Whooping Cough	—	—						
Other Infective and Parasitic Diseases ...	7	10						

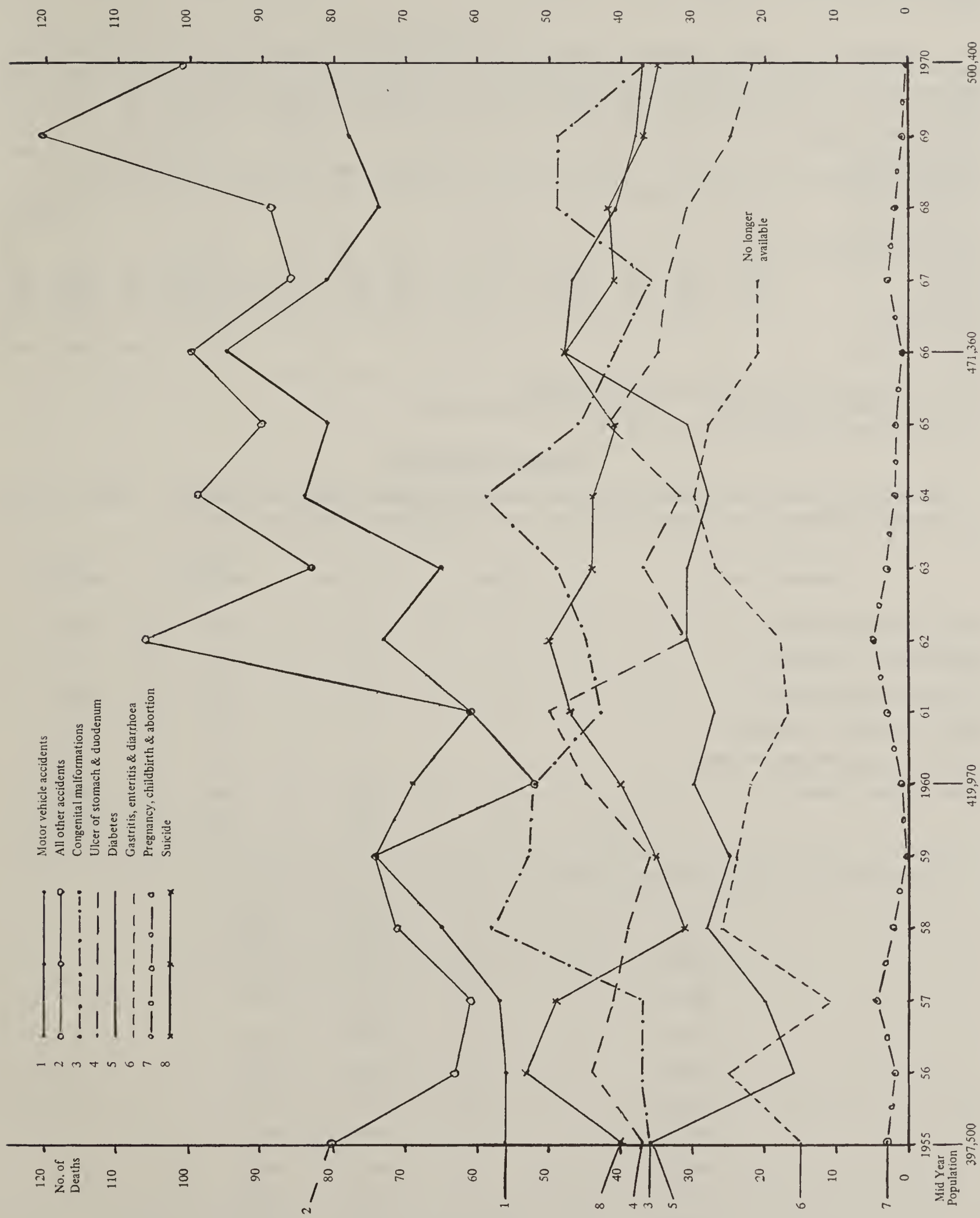
N.B. Throughout this report statistics for 1970 are shown in heavy type.

DEATHS FROM CERTAIN CAUSES, 1955—1970



Graph lines numbers 4 and 6 appear to show considerable increase and decrease respectively in "coronary disease, angina" and "other heart disease" from 1968. This is, however, due to a change in the list used by the Registrar General for the purpose (Eighth Revision of the International Classification of Diseases 1965). It should, therefore, be noted that from 1968 onwards graph line number 4 shows the wider definition of "ischaemic heart disease," which includes the former definition; graph line number 6, "other heart disease" is correspondingly reduced.

DEATHS FROM CERTAIN CAUSES, 1955-1970



INFECTIOUS DISEASES

The following are the notifications during 1970 of the more important infectious diseases with comparative figures for the preceding years. The figures include non-civilians.

The rate of infective jaundice for Wiltshire appears to be slightly higher than that of the rest of England and Wales.

Disease	Total Notifications during													
	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	154	539	426	276	151	163	132	153	165	91	155	85	106	91
Diphtheria ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Enteric Fever (including Paratyphoid) ...	2	10	1	1	4	—	—	—	2	1	—	—	2	—
*Acute Meningitis ...	5	5	6	4	7	8	9	8	2	6	1	3	11	7
Acute Poliomyelitis :—														
Paralytic ...	16	9	11	4	3	2	1	—	—	—	1	—	—	—
Non-Paralytic ...	7	1	4	—	2	—	—	—	—	—	—	—	—	—
Acute Encephalitis ...	—	1	—	5	4	—	—	5	2	5	—	—	1	1
Ophthalmia Neonatorum ...	2	1	3	—	7	—	5	2	—	1	—	—	—	2
Whooping Cough ...	1160	318	274	353	203	40	263	176	117	83	214	142	54	67
Measles ...	7177	5046	4697	332	9750	427	6192	2499	6487	3248	4178	1465	2386	2331
Dysentery ...	181	261	267	882	132	186	379	192	312	222	399	198	266	636
Food Poisoning ...	111	62	62	39	29	38	110	31	6	21	54	45	91	38
†Leptospirosis ...													1	—
‡Infective Jaundice ...												315	402	296

*Shown as Meningococcol Infection up to and including 1968.
‡Became notifiable on 15 June 1968. †Notifiable from 1 October 1968.
No confirmed cases of poliomyelitis occurred in 1970.

VENEREAL DISEASE

During the year 1,153 Wiltshire patients attended treatment centres at Salisbury, Swindon, Bath, Southampton, Winchester and Bristol for the first time. The following table shows details.

Treatment Centres				Syphilis	Gonorrhoea	Other Conditions	Total new cases
Royal United Hospital, Bath	...	...	...	6	32	287	325
Maudlin Street Clinic, Bristol	...	...	...	—	7	42	49
General Infirmary, Salisbury	...	...	...	4	36	219	259
Buller Street Clinic, Southampton		...	...	—	—	31	31
Royal Hampshire Hospital, Winchester	...	...		—	—	3	3
Seymour Clinic, Swindon	...	...	...	6	119	361	486
Totals				16	194	943	1,153

The totals of the cases in the foregoing table for previous years are shown below :—

Year	Syphilis	Gonorrhoea	Other Conditions	Total new cases
1960	15	46	220	281
1961	11	89	338	438
1962	12	123	382	517
1963	19	114	475	608
1964	7	102	405	514
1965	12	123	396	531
1966	9	93	406	508
1967	12	98	448	558
1968	20	161	631	812
1969	5	210	715	930
1970	16	194	943	1,153

The majority of Wiltshire patients attend one of three clinics, those at Bath, Salisbury and Swindon. A satisfactory feature of the year has been the linking of health visitors to two of those clinics, those at Bath and Salisbury, for the purpose of assistance with the tracing of Wiltshire contacts of those found to have contracted venereal disease and to assist in the slow but important development of health education efforts against V.D.

With the co-operation of the consultant venerealogists an analysis was made of the methods by which the Wiltshire-domiciled contacts of Wiltshire residents contracting V.D. were induced to attend the clinic, being either possible sources of infection or persons at risk from the patient. This indicated a success rate in contact tracing of slightly more than half.

The health visitors who liaise with the clinics and special V.D. clinic social workers, were engaged not only in tracing contacts of patients found to be suffering from venereal disease (there were 14 such contacts referred during the year for tracing), but also in visiting a number of defaulters from clinic attendances. The work is expensive of health visitor time but is rewarding in that the health visitors usually gain the confidence of the patients and give some health education to the patients or contacts concerned, which it is hoped they in turn pass on to their friends.

During the year the County Council supplied the District Councils with quantities of notices for display locally in suitable places, urging an awareness of V.D. risks and drawing attention to the treatment facilities available.

**Care of Mothers and Young Children*

MATERNAL MORTALITY

The following table gives the number of deaths attributable to pregnancy, childbirth or abortion in the past ten years.

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
County, excluding Swindon	3	4	3	1	1	1	2	2	Nil	Nil
Swindon	Nil	1	Nil	1	1	Nil	1	Nil	1	Nil
TOTAL	3	5	3	2	2	1	3	2	1	Nil
Rate per 1,000 live and still births	0.37	0.58	0.33	0.21	0.21	0.11	0.34	0.23	0.21	Nil

The rates in this table are based on such small numbers that variations in them should be treated with reserve.

CHILD HEALTH CLINICS

At the end of the year there were 119 child health clinics, 58 with a doctor attending and 61 attended by health visitors only. The following table gives aggregate figures, with those for 1969 in lighter type, of attendances at the centres.

	1969	1970
Total attendances during the year	97,523	96,257
Number of children who attended during the year	16,344	18,487
Number of new attenders (under one year of age at end of year) included above	6,303	7,436
Attennders (under one year of age at end of year) per 1,000 notified live births for the year	877	1,045

The use of the Mobile Centre has continued and it serves five villages.

It will be noted that the attendance of infants counted as first attendances is more than 100%. This is probably due to two factors, the first being the large number of service families spending some time in Wiltshire and then moving on elsewhere, and perhaps also secondly on account of difficulties experienced at clinics in keeping attendance registers in such a way that the attendances of infants counted as first attendances are in fact the first attendances of their lives at any child health clinic anywhere, viz. not merely the first attendance at the clinic concerned.

A feature of the year was the introduction of a “ new look ” for the child health clinics ; as I mentioned in my report last year, the Sheldon Report which reviewed, on behalf of the Central Health Services Council, the medical function and medical staffing of child welfare centres recommended among other things that there should be systematic medical examination of children presumed to be healthy, to assess the children’s developmental progress as well as for the early detection of physical, mental or emotional defects. Progress with this change of emphasis was made in the Wiltshire clinics during the year and a start was made in most of them, a total of 3,616 developmental paediatric examinations, on 3,297 children being undertaken throughout the County. The Health Committee made additional financial provision for the next financial year which permitted plans to be made for an expansion of the work, in which it is hoped to include increasing participation by general practitioners in child health clinics. We continued to hold, at Urchfont Manor, courses for doctors in developmental paediatrics, and it is pleasing to note that not only have the medical officers of the Health Department attended such courses but 25 Wiltshire general practitioners have also attended, including 13 who act as medical officers at County Council clinics. Arrangements were made for further courses for 1971.

Withdrawal of the sale of proprietary foods for a year at one large centre resulted in no falling off in attendance and it was decided during the year that the facilities would be withdrawn in all clinics in the County except where this would cause hardship through lack of convenient alternative sources of supply. At the time of writing the facility has been withdrawn in all but 48 of our clinics.

RELAXATION AND MOTHERCRAFT CLASSES

These classes are held at the following centres :—
Amesbury, Calne, Chippenham, Colerne R.A.F. Station, Corsham, Covingham, Devizes, Downton, Highworth, Hullavington R.A.F. Station, Marlborough, Melksham, Mere, North Wraxall, Pewsey, Purton, Salisbury, Sherston, Stratton St. Margaret, Trowbridge, Warminster, Westbury, Wilton, Wootton Bassett, Wroughton.

*The statistics under this section exclude the Borough of Swindon (unless specifically stated)

During the year 968 classes were undertaken in preparation for child birth and 1,274 expectant mothers made 5,961 attendances at these classes, which included talks, films and demonstrations. The classes are organised and undertaken by the health visitors in conjunction with the local midwives and in co-operation with the maternity hospital units.

DISTRIBUTION OF GOVERNMENT WELFARE FOODS

At the end of the year, Government Welfare Foods were being distributed from 102 Clinics and 38 other centres (e.g. W.R.V.S. Centres, Post Office Stores, and private houses) excluding Swindon.

Issues of food for 1970 are shown in the following table together with those for the previous five years.

	1965	1966	1967	1968	1969	1970
National Dried Milk (full cream and half cream)	31,820	24,268	16,256	13,217	11,993	10,118
Cod Liver Oil	4,514	3,961	4,018	3,774	4,056	3,942
Vitamin A & D tablets	4,789	4,665	4,595	3,963	4,512	5,306
Orange Juice	59,201	47,480	65,389	64,611	86,220	97,223

(These amounts do not include issues made in the Borough of Swindon, although these were accounted for centrally in the County Health Department).

Emergency needs are met by transfers arranged within the County from headquarters. The continued reduction of issues of National Dried Milk is due to mothers preferring to buy proprietary dried milk foods and use their welfare milk entitlement for liquid milk. The considerable increase in 1970 in the issue of orange juice was possibly due in part to the warning which was publicised concerning the danger associated with the use of cyclamates in the manufacture of soft drinks. The distribution of welfare foods continues to be carried out mostly by voluntary helpers whom I should like to thank for their valuable assistance. The total value of money collected for foods issued during the year was £8,741.39.

FAMILY PLANNING

During the year it was decided that the agency of the Family Planning Association should be used to run a full family planning service on the lines of the National Health Service (Family Planning) Act, 1967. Full implementation will mean in this County that all who seek it, (and not merely those with special social or medico-social problems) will receive free of charge all necessary examination and advice, and in addition those for whom pregnancy would be detrimental to health and those without medical need but in poor financial circumstances will also receive supplies free. At the end of the year negotiations were in progress with the Family Planning Association to this end.

In the meantime, support for the Family Planning Association's service and that of the Trowbridge Family Planning Service, continued to be given, the County Council meeting the cost of all examinations, advice, treatment and supplies for those with medical need, and refunding the cost of hire of accommodation with heating, lighting and cleaning, for the clinics.

At the end of the year family planning clinics were being held at Calne, Chippenham, Devizes, Marlborough, Salisbury, Trowbridge and Warminster (as well as at clinics at two centres in Swindon) all of which were run by the Family Planning Association, except that at Trowbridge run by the Trowbridge Family Planning Service.

The number of new patients for whom responsibility for fees for treatment and supplies was accepted during 1970 on account of medical need, amounted to 31, of a total of 59 such patients in attendance during the year. It was only necessary to use the Health Department's domiciliary family planning service for one case during the year as those whose needs it was designed to meet were persuaded to attend the clinics.

DAY CARE OF CHILDREN UNDER FIVE

During the year 26 children were placed in private day nurseries or with private minders under the scheme made by the County Council to assist with the cost of such care for children in certain defined priority groups. The priority reasons for their need were as follows :—

1. Children of unsupported mothers who must work	...	...	...	...	13
2. Other one-parent children in need of care	...	...	...	...	1
3. Mother's illness	...	...	...	...	—
4. Mothers incapable of giving the child adequate care	...	...	...	...	5
5. Day care to prevent the breakdown of the mother or the break-up of the family	...	...	...	...	—
6. Home conditions a hazard to the child's welfare	...	...	...	...	1
7. Health and welfare seriously affected by lack of play opportunities	...	...	...	...	2
8. Continuing disability of body, intellect or personality interfering with child's development	...	...	...	...	4

PERINATAL MORTALITY AND CARE OF PREMATURE BABIES

The perinatal mortality rate (based on stillbirths and deaths of infants under one week) is an indicator of the effectiveness of ante-natal care and obstetrics, and the following tables shows the situation in the County since 1965 :—

Year					Total Births	No. of stillbirths	No. of Deaths of infants under 1 week	Total Deaths of Infants under 1 week and stillbirths combined	Perinatal Mortality Rate per 1,000 total births
1965	County				9,278	143	105	248	26.73
	County, excluding Swindon				7,208	110	83	193	26.77
	Swindon				2,070	33	22	55	26.57
	England and Wales				865,526	13,829	9,732	23,561	26.9
1966	County				8,990	132	105	237	26.36
	County, excluding Swindon				7,188	94	81	175	24.34
	Swindon				1,872	38	24	62	33.1
	England and Wales				862,163	13,206	9,447	22,653	26.3
1967	County				8,685	136	91	227	26.14
	County, excluding Swindon				7,018	100	67	167	23.7
	Swindon				1,667	36	24	60	35.9
	England and Wales				844,400	12,528	8,947	21,475	25.4
1968	County				8,640	123	86	209	24.2
	County, excluding Swindon				6,978	92	68	160	22.9
	Swindon				1,662	31	18	49	29.4
	England and Wales				822,000	12,000	8,600	20,600	25.0
1969	County				8,877	120	72	192	22.0
	County, excluding Swindon				7,281	97	59	156	21.0
	Swindon				1,596	23	13	36	23.0
	England and Wales				808,204	10,662	8,232	18,894	23.0
1970	County				8,732	102	91	193	22.0
	County, excluding Swindon				7,117	83	71	154	21.6
	Swindon				1,513	19	20	39	25.0
	England and Wales				794,823	10,341	8,328	18,669	23.0

The following tables give information about premature births and the mortality rate up to 28 days :—

Year	Premature live births				Deaths of premature babies within 28 days, of which the number shown in italics occurred within 24 hrs.	
	Swindon	Rate per 1,000 live births	Remainder of County	Rate per 1,000 live births	Swindon	Remainder of County
1962	132	66.2	373	58.3	13 7	39 30
1963	134	65.5	406	59.5	18 8	55 19
1964	162	76.1	468	65.7	21 11	66 47
1965	109	54.0	399	56.2	11 9	62 28
1966	142	77.4	398	56.6	20 15	57 27
1967	126	77.2	438	63.3	16 12	52 27
1968	115	71.7	422	60.2	18 11	45 11
1969	144	92.5	463	63.5	13 8	47 5
1970	109	72.0	453	63.7	22 10	56 23

The following analysis refers to babies in the whole County who were permaturely born at home or in a hospital :—

Year	Born at home or in a nursing home						Born in hospital		
	Total	Transferred to hospital	Died in hospital within 28 days		Died at home within 28 days		Total	Died within 28 days	
1962	75	19	2	1	2	2	430	48	34
1963	110	24	8	3	3	1	430	62	23
1964	90	25	2	2	4	4	540	81	52
1965	45	20	2	1	3	2	508	68	34
1966	27	14	3	1	Nil	Nil	513	74	41
1967	32	3	Nil	Nil	2	Nil	532	66	38
1968	23	5	1	Nil	Nil	Nil	537	63	22
1969	22	2	1	Nil	2	Nil	585	57	13
1970	31	7	Nil	Nil	3	1	531	75	33

The figures in italics show the deaths of premature babies within 24 hours, which are included.

Oxygen cots for conveyance of premature or other babies to hospital are kept at the Trowbridge, Chippenham, Salisbury, Swindon and Warminster ambulance stations and were used on 35 occasions during 1970.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

The following figures show the number of births out of wedlock in the County including Swindon Borough, the number of women assisted by the Diocesan moral welfare workers under the arrangements for the care of unmarried mothers and their infants, and the number admitted to mother and baby homes since 1962.

Year					No.	Illegitimate Percentage of Live Births	No. Assisted	Admitted to Mother and Baby Homes
1962	...	...	...	...	407	4.78	279	73
1963	...	...	...	...	489	5.51	287	80
1964	...	...	...	...	506	5.47	369	89
1965	...	...	...	...	571	6.25	375	112
1966	...	...	...	...	582	6.57	320	73
1967	...	...	...	...	596	6.97	376	104
1968	...	...	...	...	541	6.35	333	100
1969	...	...	...	...	582	6.64	277	51
1970	...	...	...	...	583	6.67	300	100 64

The County Council continued their financial assistance to the Salisbury Diocesan Social Welfare Council and the Bristol Diocesan Association for Family Welfare. The two organisations' field workers provide the skilled help for unmarried mothers and their children ; the Superintendent Health Visitor acts as liaison officer with the organisations whose social workers co-operate closely with the health visitors and other social workers on the County staff.

The Salisbury Diocesan Social Welfare Council continue to run two mother and baby homes in the County, one at Devizes, and one at Beckingsale House, Salisbury. The former is in premises provided by the County Council but staffed by the Social Welfare Council.

The following table shows the number of births out of wedlock to women under 21 years of age assisted by moral welfare workers.

	1962	1963	1964	1965	1966	1967	1968	1969	1970
Under 16 years of age	21	22	11	19	22	23	22	14	16
16 to 18 years of age	64	75	80	81	58	95	109	84	84
18 to 21 years of age	90	93	126	162	137	151	112	98	110

During the year there were 53 admissions to the Devizes Hostel, for 33 of which the Health Committee was financially responsible and Swindon Borough Health Committee 8 ; there were a further 11 admissions to other homes at the Council's expense, including 5 to Beckingsale House, Salisbury.

The service has a history of practical help for the care of the unmarried mother and her child, for nearly fifty years entirely under the auspices of the Church of England Diocesan Associations and other voluntary bodies concerned with the problem but from 1943 receiving an improving measure of assistance from the County Council. In that year the Ministry of Health had drawn attention to the problems arising under war conditions regarding illegitimate births and there has been since that date an increasingly close concern of the County Council for this service. At the time of writing the County Council make a grant of a large proportion of the salaries of the specialist social workers in this field, as well as providing the premises in which the Salisbury Diocesan Social Welfare Council has since 1945 established and run the mother and baby home known as the Girls' Hostel, Bath Road, Devizes. Many such homes have been closed up and down the country and perhaps this is the reason why the occupancy level of this Hostel, although reduced, continues to justify its maintenance for its present purpose, but this lessened need for mother and baby home accommodation (i.e. after the period of a few weeks before and after confinement) is, in fact, being replaced by the increasing realisation of the need for help with accommodation, sheltered in some degree, after that period, when the unmarried mother with her child is striving to get rehabilitated in the community.

CHILDREN SUBJECT TO ASSAULT OR WITH UNEXPLAINED INJURIES

In response to a circular letter from the Chief Medical Officer of the Department of Health and Social Security and the Home Office and from the Chief Inspector of the Children's Department in the Home Office, a conference was convened in collaboration with the Children's Officer. Fifty-seven persons attended, including representatives of paediatric, psychiatric, obstetric, casualty and accident specialists of the hospital service, general medical practitioners, psychiatrists from the child guidance service, the police, the N.S.P.C.C., social workers of the Diocesan Family and Social Welfare organisations, medical officers, social workers and others of the Health Department, officers of the Children's Department and a representative of the legal department of the County Council. The conference appointed a Working Party which produced a form, which has been circulated widely for use as necessary by doctors (hospital, general practice or local health authority) to notify promptly to the County Children's Officer and to the County Medical Officer of Health every case in which injuries are found in children of which the cause is assault, violence or where there is no satisfactory explanation of the cause.

Twelve children had injuries inflicted on them in their own homes and eleven of them were admitted to hospital. Injuries included multiple fractures and multiple bruises. In addition one child of 18 months died of asphyxia manually applied, which had been done many times previously. Of those thirteen children, eleven were boys and ages at time of first known injury ranged from six weeks to six years.

HEALTH CENTRES

(Section 21 National Health Service Act, 1946)

The first new health centre to be provided in the County under the National Health Service Act, 1946 was opened at Amesbury on 1st June, 1970, and the second at Calne on the 16th November, 1970. At each there is a two surgery school dental suite, 4 and 5 G.P. surgeries respectively, together with space also for one additional surgery later, when required.

Thus at these two places the Local Health Authority and School Health Services, which were previously housed in unsatisfactory and inadequate hired premises, are brought together with the general medical services forming an integrated service in modern purpose built accommodation.

Besides these, 13 health centres and 4 health clinics are at present in the current forward capital programme at least 6 of which should have been completed had there not been so many unexpected delays, especially in finding sites, site acquisition, and obtaining the various necessary approvals. Although a scheme submission in respect of a health centre in the developing area of South Dorcan, nr. Swindon, was first submitted in August, 1969, delays of various kinds have occurred and agreement with the Department on a suitable plan has not yet been reached.

Scheme submissions in respect of new health clinics at Bradford-on-Avon (1971/72) and Westbury (1972/73) have been approved in principle by the Department of Health and Social Security, and there is every reason to expect that these clinics will be ready for use within 2 to 3 years.

REPORT OF CHIEF DENTAL OFFICER, 1970
Mr. D. Middleton, L.D.S.

In my report of last year I mentioned the difficulty in recruiting dental auxiliaries and the effect that it was having on our attempts to expand our toddlers' good dental health clinics. I regret to say that only one part-time auxiliary was in post out of our establishment of four at the end of the year, and it was necessary to temporarily close down the dental health education toddlers' clinics. However, at the time of writing this report the situation has considerably improved and I hope that we shall again have our full complement of auxiliaries by the Autumn of 1971.

The dental officers are kept so busy treating the effects caused by the disease of dental caries in the school-children, (62% of the forty-eight thousand schoolchildren examined in 1970 were found to need treatment !), that they do not have the time to organise and run the toddlers' good dental health clinics without the aid of the dental auxiliaries. This is a great pity, as our aim must be to see that each five-year-old on entering school has a sound dentition and an unconscious acceptance of the rules for good dental health.

During the year, two new dental suites were opened at Amesbury and Calne; they form part of new Health Centres. There is already an indication that the presence of general medical practitioners in the same premises is going to increase the number of mothers who seek regular dental examinations for their pre-school children.

The falling away in the number of children examined during the year is accounted for by the cancellation of the good dental health clinics. The majority of the clinical work produced by these special clinics is carried out by the auxiliaries and it would not have been possible for the dental officers to have carried out this clinical work in addition to their own.

A comparison of the statistical returns with those for 1960, show an interesting change in the patterns of treatment. They indicate a falling off in the number of mothers inspected, by about one third, which indicates that more mothers now have regular dental examinations from private practitioners and do not need to take advantage of the clinic dental facilities available to them during their ante and post natal periods. The same does not apply to the pre-school child, where an increasing number are normally examined each year.

The numbers involved in the returns of work for the two periods are not sufficient on which to draw any definite conclusions, but they do make interesting reading. In 1960, for every tooth a mother had extracted 0.5 teeth were filled and a decade later the ratio was 1 to 2.4. For the children the figures are 1 to 0.6 and 1 to 3.4 respectively. The percentage of those inspected found to require treatment was for the mothers 85% in 1960, and a decade later 90%. In the children the figures are 66% and 58% respectively.

Finally, I should like to gratefully acknowledge all the help that the health visitors give to dentistry with their dental health programmes and their efforts on our behalf with "problem" families.

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS
ATTENDANCES AND TREATMENT

<i>Number of Visits for Treatment during year</i>										<i>Children</i> 0—4 (incl.)	<i>Expectant and</i> <i>Nursing Mothers</i>
First visit	...	...	...	...	...	...	...	...	...	818	205
Subsequent visits	...	...	...	...	...	...	...	...	...	1,247	447
Total visits	...	...	...	...	...	...	...	...	...	2,065	652
Number of additional courses of treatment other than the first course commenced during year										46	16
Treatment provided during year :—											
Number of fillings	...	...	...	...	...	...	...	...	...	1,424	547
Teeth filled	...	...	...	...	...	...	...	...	...	1,279	481
Teeth extracted	...	...	...	...	...	...	...	...	...	376	201
General anaesthetics given	...	...	...	...	...	...	...	...	...	148	14
Emergency visits by patients	...	...	...	...	...	...	...	...	...	128	40
Patients X-rayed	...	...	...	...	...	...	...	...	...	3	25
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)										213	111
Teeth otherwise conserved	...	...	...	...	...	...	...	...	...	337	—
Teeth root filled	...	...	...	...	...	...	...	...	...	—	5
Inlays	...	...	...	...	...	...	...	...	...	—	—
Crowns	...	...	...	...	...	...	...	...	...	—	3
Number of courses of treatment completed during year										396	103
<i>Prosthetics</i>											
Patients supplied with full upper or full lower (first time)										...	9
Patients supplied with other dentures										...	11
Number of dentures supplied										...	30
<i>Anaesthetics</i>											
General Anaesthetics administered by Dental Officers										...	—
<i>Inspections</i>											
Number of patients given first inspections during year										877	191
Number of patients above who require treatment										515	173
Number of patients above who were offered treatment										504	172

*Midwifery

STAFF

The number of practising midwives in the area at the end of the year was as follows :—

Domiciliary midwives	(a) employed by County Council	...	60	63
	(b) Hospital Management Committee	...	3	3
Hospital Midwives	...	...	89	99
Midwives in private practice (including those in nursing homes)			1	3
			153	168

(The figures in light type are those for 1969)

WORK UNDERTAKEN

The following table gives a summary of the work done during the year by all midwives in the County, excluding Swindon.

Category	Domiciliary Cases								Cases in Hospitals and Nursing Homes			
	Doctor not booked				Doctor booked							
	Doctor present at delivery	Doctor not present	Doctor present at delivery	Doctor not present	Totals							
County Council Midwives	5	10	25	42	36	106	399	369	465	527	—	—
Midwives employed by Hospital Management Committees	—	—	—	—	17	14	97	135	114	149	4,664	4,248
Private Midwives ...	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ...	5	10	25	42	53	120	496	504	579	676	4,664	4,248
	GRAND TOTAL ...										5,243	4,924

In addition to the figures given in the above table, County Council midwives were asked to attend 2,449 women discharged from maternity hospitals before the tenth day.

The total number of births has fallen there having been 67 fewer live births in 1970 than in 1969.

The continued fall in home confinements is shown by the following figures :

Year	Home Confinements	% of total Confinements	Hospital Confinements	% of total Confinements	Total number of births
1965	1,634	29%	3,999	71%	5,633
1966	1,368	24%	4,296	76%	5,644
1967	1,172	22.5%	4,353	78.5%	5,525
1968	909	20%	4,667	80%	5,176
1969	676	13.8%	4,248	86.2%	4,924
1970	579	11.04%	4,664	88.9%	5,243

The fall in the percentage of patients delivered at home has continued ; in 1968 20% were confined at home, in 1969 it fell by almost one third (6.2% to 13.8% and in 1970 to 11.04%). In some areas of the County as many as 95% of mothers are delivered in hospital.

The number of early discharges from hospital rose from 2,274 in 1969 to 2,449 in 1970 of which 360 (13.9%) were discharged before 48 hours ; these mothers require as much care and attention from a midwife as the patients confined at home, but they do not provide the same job satisfaction to the midwife and it is a continuing problem to attract midwives to vacancies in rural areas where their skill is required, but they have insufficient cases to maintain this.

Although the number of home confinements has fallen once again, the midwives still attended at least 3,000 patients and made 27,600 visits in their capacity as midwives last year. Nine hundred and four mothers received routine ante-natal care and there were over 1,250 visits to plan for early discharge. Post-natal nursing visits to home confinements amounted to 6,805 visits, and almost 14,000 visits were paid to the 2,183 patients discharged early from hospital.

The majority of midwives attend between 20 and 75 patients annually but those in areas from which many patients are delivered in Princess Margaret Hospital, Swindon, and the R.A.F. Hospital at Wroughton attend many more.

In spite of all these visits it is difficult for the midwives to maintain their skills. Only a little more than 5% of them delivered 20 or more patients in 1970 and fewer than 50% delivered more than five.

A few midwives in the area surrounding Swindon can take their patients to the short-stay unit at the Princess Margaret Hospital where mothers are discharged as soon as possible after labour on average within 8 hours of delivery. Distance prevents its extension to more midwives and general practitioners. There are several other limited arrangements for midwives to deliver patients in hospital in other parts of the county to meet local needs and to try out ways in which such schemes might be developed.

*Statistics in this section exclude the Borough of Swindon (unless specifically stated)

**Health Visiting*

STAFF

The following table shows the development of the service since 1953 and at the end of the year there were several vacancies on the establishment for health visitors.

Year	Establishment of qualified full-time staff at end of year (County area, excluding Swindon)
1953	24
1958	37
1963	63
1965	73
1966	78
1967	80
1968	84
1969	85
1970	87

One additional health visitor assistant commenced duty during 1970 ; a total of twenty-one being employed at the end of the year.

WORK UNDERTAKEN

The following table gives a summary of the visits undertaken by the health visitors during 1970 with figures for 1969 in light type.

Number of Children under 5 years of age visited during year	Expectant Mothers		Children under 1 year of age		Children age 1 but under 2 years	Children age 2 but under 5 years	Tuber- culous house- hold	Other cases	Grand Total of Domi- ciliary visits
	First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits	
28,199 29,568	1,831 2,043	3,269 3,788	7,338 7,384	32,062 34,511	25,043 28,221	33,060 39,361	573 474	24,136 24,966	118,143 131,321

The table excludes school nursing visits.

The number of live births (excluding Swindon) corrected according to domicile was 7,117. The figure for 1969 was 7,184.

Health visitors continue to devote a considerable amount of time to the home help service, and during the year paid 4,369 visits, compared with 4,500 in the previous year.

Six health visitors regularly gave field-work instruction to trainees and students from colleges and authorities outside Wiltshire.

Health visitors attended refresher courses outside the County.

The assistants during the year undertook about 61,050 routine visits in connection with the home help service, about 25,912 of these being visits to households of patients receiving the service. In addition 18,014 visits were paid to other homes regarding general care of the elderly, chiropody, school-children, and mothers and young children) They also attended some 2,243 clinic sessions.

*The statistics in this section exclude the Borough of Swindon (unless specifically stated).

GENERAL

In the past year there has been satisfactory progress in closer attachment of the health visitors to general practitioners.

With the growth of developmental examinations, the health visitors are giving more time, and are helping to assess children in greater depth at regular intervals, than hitherto, although all families are continuing to be visited irrespective of need.

As the health visitor is the only qualified field worker having access to every home in her area, she is often the first person to observe and refer individuals and families who need help, whether in the medical or the social field.

Health education continues in schools, but more on a planned programme basis.

A scheme of closer liaison has been introduced in four hospitals within the County. A liaison health visitor undertakes a visit to each ward weekly to consult with the ward sister regarding social problems, future discharges and any other local authority services. This has so far been a very rewarding and interesting exercise, which it is hoped to extend to other hospitals in Wiltshire. This liaison does not replace direct contact, as necessary, between the hospital and the health visitor attached to the practice of the patient's general practitioner.

There have been several continuous vacancies within the county in the past year, especially in the North, but this problem may be resolved when the students now in training take up their various posts.

The development of relaxation and mothercraft classes and health education in schools and clinics has continued.

The following table shows the average population per health visitor, with figures for previous years :—

County (excluding Swindon)			
Year	Estimated Population, Mid-Year	Establishment of Health Visitors	Average Population per Health Visitor
1957	327,400	31	10,561
1958	326,040	37	8,811
1959	329,340	48	6,861
1960	333,100	56	5,948
1961	338,690	61	5,552
1962	344,700	61	5,650
1963	351,110	63	5,573
1964	359,640	65	5,533
1965	366,420	73	5,019
1966	372,940	78	4,772
1967	381,160	80	4,764
1968	392,410	84	4,671
1969	398,640	85	4,689
1970	402,290	87	4,624

TRAINING SCHEME

Three students completed training and filled vacancies in the establishment in July. Four trainee health visitors commenced qualification courses at Bristol University in the Autumn under the County scheme.

SCREENING TESTS

(a) *for deafness*

Health visitors continue to undertake screening tests on babies at the age of six to seven months, and when any hearing loss is suspected, further investigation is arranged. During the year 5,289 tests were made.

(b) *for phenylketonuria*

Routine tests were undertaken for this rare condition which leads to mental subnormality unless discovered and treated early.

The former method of testing was replaced during the year by the Guthrie blood test, arrangements for which were completed with the hospital and laboratory services in respect of the whole of the County. This test is applied to all infants at the age of seven days and liaison is maintained with each hospital maternity department, particularly in regard to infants leaving hospital at about the seventh day, to ensure a clear understanding as to whether samples will be taken by the hospital staff or by the County health visiting staff in the child's home. During the year samples were taken from 3,320 infants by health visitors.

During the year one positive case of phenylketonuria was discovered compared with one discovered in 1969 (and not none as erroneously reported last year).

“ AT RISK ” REGISTER

At the end of the year the names of 3,057 children were contained in the register of children who had been subject to certain adverse influences in prenatal, perinatal or postnatal life. All were under the age of two except 21 who were retained in the register after their second birthdays for further observation before either removal from the register or transfer to the register of handicapped children. During the year, of the children on the register, 1,182 were removed, usually at the age of two years or before, as being no longer at risk, a further 748 left the County or were adopted, 78 died and 67 were transferred to the register of children with handicapping conditions.

The children on the “ at risk ” register are visited by health visitors at three months, six months, one year, one and a half years and two years.

One thousand six hundred and ninety-six children born in 1970 (plus a much smaller number of children born in 1969 and 1968 born elsewhere but who removed into Wiltshire during the year) were added to the “ at risk ” register in 1970. The following is an analysis of the “ at risk ” categories for which children were registered each year from 1962 onwards.

The revision in 1969 of the definition of some of the “ at risk ” categories has not, it will be seen, had the effect of reducing the numbers added. Further consideration is being given to this. It is in fact a general problem.

<i>Family History</i>	1962	1963	1964	1965	1966	1967	1968	1969	1970
Family history of deafness	2	3	1	9	16	53	44	32	24
Parental diabetes	2	—	2	6	13	52	30	30	32
Congenital abnormality in parents or siblings	—	—	3	5	12	77	77	86	78
<i>Pre-natal</i>									
Rubella in early pregnancy	3	4	1	1	3	17	13	9	8
Other virus infections in early pregnancy ...	—	—	3	—	2	10	7	1	—
Toxaemia in pregnancy of a degree necessitating hospital admission	31	47	47	75	120	440	433	376	311
Toxaemia in pregnancy of a degree necessitating induction of labour or caesarean section									
								179	307
<i>Perinatal</i>									
Premature birth—Birth weight 5½ lbs., or less, Gestation 36 weeks or less—birth weight 5½ lbs. or less), Gestation more than 36 weeks	67	94	115	160	216	399	371	X	X
Premature birth—Birth weight 4 lbs. 6 oz. or less. Gestation 36 weeks or less ...	X	X	X	X		X	X	244	222
Small weight relative to duration of pregnancy. Gestation more than 36 weeks	X	X	X	X	X	X	X	180	197
Postmature birth (i.e. 42 weeks of more) ...	—	—	—	—	—	219	171	229	213
Prolonged or difficult labour	55	75	110	160	302	587	566	X	X
Prolonged labour associated with foetal distress	X	X	X	X	X	X	X	304	100
Difficult labour—unplanned caesarean section, forceps delivery with foetal distress, etc. ...	X	X	X	X	X	X	X	252	578
Anoxia	5	14	10	15	37	216	221	187	147
Neonatal jaundice and rhesus incompatibility (including exchange transfusion)	9	22	26	50	86	79	34	46	37
Convulsions, cyanotic attacks	3	2	1	6	15	16	6	7	3
Cerebral palsy	2	4	—	—	3	—	—	2	—
Presence of congenital abnormalities, with possibility of others	1	21	24	29	53	100	110	112	77
<i>Post natal</i>									
Meningitis or encephalitis	2	1	—	1	5	1	—	—	—
Otitis media	1	2	—	1	3	1	—	—	—
Mental backwardness	1	2	—	1	3	1	—	—	1

X=revision of categories 1969

These figures are larger than the number of children on the “ At Risk ” register since some children fall into more than one category.

CONGENITAL MALFORMATIONS

As from 1st January, 1964, a scheme was introduced nationally for the notification of children born with congenital malformations apparent at birth.

During the year 119 children with such malformations were reported and the following is an analysis of the total of 161 malformations notified (one child may have more than one defect) :—

	1964	1965	1966	1967	1968	1969	1970
Central Nervous System ...	52	34	48	40	33	50	34
Eye and Ear	13	4	4	5	1	4	4
Alimentary System ...	25	20	21	13	19	13	27
Heart and Great Vessels ...	14	11	1	8	5	10	4
Respiratory System	8	—	5	—	—	2	4
Uro-genital System	20	15	14	7	12	17	15
Limbs	67	75	69	57	43	55	57
Other Skeletal	7	5	2	3	1	8	2
Other Systems	15	10	3	11	9	17	11
Other Malformations	10	12	5	3	6	6	3
	231	186	172	147	129	182	161

The notification scheme was introduced following the demonstration of the effects of the drug thalidomide and suspicions of other drugs, which helped to demonstrate the need for a continued record of at least the major abnormalities detectable at birth.

PROBLEM FAMILIES

The following table shows the volume of work undertaken during the year by the health visitors who continue to devote a considerable amount of time to helping families with seriously unsatisfactory conditions.

	1966	1967	1968	1969	1970
Number of families in list at end of year	123	110	125	111	115
Number added to list during year	13	23	26	18	23
Number removed from list (improved) during year	8	24	7	28	14
Number removed from County during year ...	8	11	4	4	5
Number removed from list (evicted and children in care)	3	1	—	—	—

One special home²² only has been employed during the year, in the Trowbridge area. Eleven families were assisted by the one whole-time special home help, and in addition specially selected part-time home helps assisted 13 problem families. Since the service started in 1955, 162 families have been helped with 264 periods of service.

HEALTH EDUCATION

Health visitors hold a key position in health education work and the subject is dealt with separately in the following section.

Health Education

During 1970 the programme made by health visitors in health education has been continued.

In 1970, there has been a demand for parentcraft classes for the expectant mother, 1,122 classes being held. During the year health visitors gave 2,531 talks on subjects as follows :—

	1969	1970
1. Parentcraft talks in schools	930	748
2. Community health and personal relationship talks	316	468
3. Health talks in schools	544	457
4. Child care and community health talks to training and further education colleges	157	225
5. Health talks and group discussions in child welfare centres	482	345
6. Discussion groups and films to mothers' clubs and parent groups	150	137
7. Health talks to the branches of voluntary organisations and over 60's	169	94
8. Health talks to youth clubs and factories	102	57
Total sessions ...	2,850	2,531

The Health Department's work of health education in schools and colleges continues. Most of the secondary schools now undertake health education programmes drawn up for each school at the commencement of the school year in consultation between the health visitor and the teacher allocated to the subject, the health visitors' part being two periods once a week for third and fourth year students. This integration of the various subjects into an organised programme has proved valuable, enabling the health education to be given in greater depth than formerly, but it has inevitably resulted in somewhat fewer sessions being devoted to this in 1970 compared with 1969. In the first year the syllabus includes Personal Relationships, Growing Up, Smoking, Alcohol, Drug Addiction, Venereal Diseases, Preparation for Work and Marriage ; this is followed in the second term by talks on Family Relationships, Child Care, Hygiene, Immunisation, Community Health and Use of the National Health Service. The third term is devoted to recapitulation of the previous term's work with the addition of talks on such subjects as Prevention of Accidents, Artificial Respiration, Family Planning and other selected subjects, sometimes on request, of health interest. The talks are followed by discussions and use is made of visual aids such as films, posters, leaflets, and wall charts.

Two colleges of further education in the County run Institutional Management Association courses in which health visitors undertake most of the health teaching required.

Progress with health education in primary schools is not so fast ; a total of 375 health talks were given by health visitors in 110 primary schools, and these numbers are lower than last year. This is because hygiene inspections are now usually carried out by school nurses ; when health visitors undertook the inspections they took the opportunity to give short talks. The health visitors' talks are now integrated in a school programme and are now beneficial although necessarily fewer in number. The programmes here include Human Biology, Personal Hygiene, and Growing Up and have been given in a series of monthly or weekly talks during one term.

Health education is usefully given also in relaxation classes for expectant mothers, which continued to be in demand ; in these a planned programme of exercises and instructional talks is undertaken. Several of the classes now operate in collaboration with the staffs of the maternity hospitals or departments at Bradford-on-Avon, Chippenham, Malmesbury, Odstock, Savernake, Princess Margaret Hospital (Swindon), and Trowbridge. The courses, which last eight weeks, are run continuously and mothers may join at any point in a course.

An evening class attended by fathers has been commenced and appears to be proving successful.

Several new film strips, including " Human Reproduction," were added to the library, as was also an additional sound film " Steps towards Maturity and Health."

Posters and leaflets are still a widely used method of communicating health teaching to the general public.

All the above methods and media are usefully employed but none is more important than what has always been and still remains a highly effective channel of communication of health teaching viz. personal contact with individuals by the medical officers, health visitors and other field staff of the County Health Department.

SMOKERS HEALTH CLINICS

Smokers Health Clinics which were first opened in Wiltshire in 1963, continued at Melksham, Trowbridge, Salisbury and Warminster during 1970, as and when applications for appointments were received. Fifty-seven new patients attended during the year (34 men, 23 women). Each patient receives a personal consultation with the doctor and advice is given according to the particular needs. Forty-six people completed the course during the year, and the results are analysed below.

As long as requests for appointments are received, it is considered worthwhile continuing the service so that assistance may be offered to those who desire to give up smoking, and for their health education value.

	1969	1970	1963-70
Ceased smoking	10	6	82
Reduced to five or less daily	2	3	23
Reduced to ten or less daily	24	21	136
Changed to pipe	2	1	14
	—	—	—
Benefited by course	38	31	255
Achieved no real reduction	7	15	63
	—	—	—
	45	46	318
	—	—	—

**Home Nursing*

At the end of the year there were 91 home nurses, 20 being engaged whole-time on this service, and eight half-time nursing auxiliaries.

The following table shows work done during 1970 with figures for 1969 in lighter type.

	Medical	Surgical	Maternal Complications	Others	Totals
Number of Cases Attended	3,694	1,348	167	248	5,457
	3,499	1,257	197	229	5,182
Number of Visits Paid	96,664	26,400	1,037	9,521	133,602
	83,621	21,946	1,238	7,082	113,887

Of the total of 5,457 persons nursed, 135 were under the age of 5 and 3,307 were over the age of 65 at the time of the first visit in 1970. There has been a considerable increase in the number of visits by district nurses this year. Some of these extra visits are accounted for by patients being discharged early from hospital after surgical procedures and needing more visits. However they include the work done by the nursing auxiliaries in giving blanket baths and assisting patients with their toilet needs so releasing nurses to visit other cases more often, including follow-up visits on behalf of doctors. This is often one of the results of attachment. The nursing auxiliaries made 7,500 visits in 1970. In 1970 attachment of district nurses and nurse midwives to doctors in the Trowbridge area took place. In Swindon and Stratton St. Margaret attachment was commenced during the summer with nurses visiting the patients of the doctor to whom they are attached both in the borough and in the County in this area. So far 14 nurses and midwives are attached in the County, though it should be appreciated that, especially in rural areas, traditionally close relationships exist with the general practitioners which often make formal attachment appear superfluous. The formal attachments are all in towns.

The opening of a five-day ward at the Victoria Hospital, Swindon, where patients are admitted on Monday and have their operations on the same day and are discharged on Friday has brought more work and opportunities for liaison with the hospital staff. Greater liaison between the district nurses and Salisbury General Infirmary has been started and has potential for development.

*Statistics in this section exclude the Borough of Swindon.

**Immunisation*

At the end of 1970 almost 88% of children born in 1969 had completed primary courses against diphtheria, whooping cough, tetanus and poliomyelitis, an improved result. During the year we received fuller information than hitherto of Wiltshire children immunised at Service families medical centres, particularly from Tidworth. Measles vaccine was readily available following the shortages during the previous year. There was an acceptance rate for appointments offered of a little over 41% and on the face of it this appears to be a disappointing result, but in fact one of the problems with the measles immunisation scheme is the difficulty of evaluating the success or otherwise of the campaign, because the target is an unknown quantity since we do not know how many children have had measles and thus acquired natural immunity.

During the year an additional 28 general practitioners accepted the County Council's offer to arrange their immunisation and vaccination procedures through the computer, and at the end of the year 117 doctors were using the facilities provided.

The following pages give detailed information of the immunisation and vaccination carried out during the year by the County medical staff and the general practitioners.

During the year special arrangements were made for the employees of a small firm of nurserymen and seedsmen to be given primary courses of immunisation against tetanus at a County clinic. They had not been protected previously.

Anthrax immunisation was also provided for the employees of two firms engaged on work which gave rise to some risk of contracting the disease, one leather manufacturer and the other a brush factory. Immunisation is desirable for workers engaged in certain occupations, those mainly concerned being workers in establishments such as tanneries, glue, gelatin, soap and bonemeal factories who are regularly handling imported raw materials.

VACCINATION AGAINST SMALLPOX

										Children under 16 vaccinated in year		
										1968	1969	1970
No. of primary vaccinations undertaken by general practitioners	...	...	...	...	...	...	...	...	...	3,934	3,965	4,124
No. of re-vaccinations	...	...	...	...	...	...	...	...	...	565	587	434
TOTALS										4,499	4,552	4,558
No. of primary vaccinations of children under age 5 (also included above)	...	...	...	...	...	...	...	...	...	3,612	3,638	3,926
No. of children under 2 years vaccinated, expressed as percentage of live births	...	...	...	...	...	...	...	...	...	43.2	46.7	46.0

IMMUNISATION AGAINST DIPHTHERIA

					PRIMARY		REINFORCING	
					1969	1970	1969	1970
No. of immunisations undertaken by :—	...	...	...	...
County Council Medical Officers	...	...	...	...	2,628	3,034	5,985	4,358
General Practitioners	...	...	...	...	3,559	3,880	4,742	5,828
TOTALS					6,187	6,914	10,772	10,186

Combined immunisation against diphtheria, whooping cough and tetanus was provided unless separate immunisation was desired by the parent or required for medical reasons.

IMMUNISATION AGAINST WHOOPING COUGH

					PRIMARY		REINFORCING	
					1969	1970	1969	1970
No. of immunisations undertaken by :—	...	...	...	...
County Council Medical Officers	...	...	...	...	2,330	2,828	1,209	1,921
General Practitioners	...	...	...	...	3,430	3,770	2,018	2,255
TOTALS					5,760	6,598	3,227	4,176

*Statistics in this section exclude the Borough of Swindon.

IMMUNISATION AGAINST TETANUS

				PRIMARY		REINFORCING	
				1969	1970	1969	1970
No. of immunisations undertaken by :—							
County Council Medical Officers				2,637	3,035	5,983	4,365
General Practitioners				3,750	4,107	5,333	6,569
TOTALS ...				6,387	7,142	11,316	10,934

IMMUNISATION AGAINST MEASLES

No. of immunisations undertaken by :—						1968	1969	1970
County Council medical officers						6,625	2,368	2,810
General practitioners						3,257	1,926	4,233
TOTAL ...						9,882	4,294	7,043

The following table summarises the work of immunisation against diphtheria, whooping cough, tetanus and measles undertaken during the year.

				Children born in years							Totals		
				Before 1955	1955 —60	1961 —65	1966	1967	1968	1969		1970	
PRIMARY	Diphtheria only				—	—	—	—	—	—	—	—	
	Diphtheria and Whooping Cough combined				—	—	—	—	—	—	—		
	Tetanus only				20	157	36	2	3	2	10	—	230
	Diphtheria, Whooping Cough and Tetanus combined				—	—	36	21	32	148	3,352	3,009	6,598
	Diphtheria and Tetanus combined				—	20	134	29	31	32	49	19	314
	Measles				—	60	556	515	596	2,009	3,295	12	7,043
TOTALS ...				20	237	762	567	662	2,191	6,706	3,040	14,185	
REINFORCING	Diphtheria only				1	6	7	—	—	—	—	—	14
	Diphtheria and Whooping Cough combined				—	—	—	—	—	—	—	—	—
	Tetanus only				92	451	183	13	7	8	8	—	762
	Diphtheria, Whooping Cough and Tetanus combined				—	23	339	41	191	2,339	1,243	—	4,176
	Diphtheria and Tetanus combined				—	115	3,414	1,579	118	504	257	9	5,996
TOTALS ...				93	595	3,943	1,633	316	2,851	1,508	9	10,948	

As a further guide to the immunisation state, by the end of 1970 immunisations against diphtheria (and this would in most cases have been combined with immunisation against whooping cough and tetanus) have been completed as follows :—

Children born in	Immunised against diphtheria by 31.12.70	Registered live births	Percentage immunised
1966	6,061	7,024	86.3
1967	5,774	6,918	83.5
1968	5,813	6,886	84.4
1969	6,313	7,184	87.9

IMMUNISATION AGAINST POLIOMYELITIS

The following table gives a general view of the work undertaken in 1970.

Children immunised

Age Group				Primary courses	Reinforcing doses
Children born in 1970	...	...	...	3,038	—
Children born in 1969	...	...	...	3,401	1,396
Children born in 1968	...	...	...	218	2,556
Children born in 1967	...	...	...	91	246
Children born in years 1963-66	...	...	...	385	6,548
Others under age 16	...	...	...	53	291
TOTALS				7,186	11,037

The following table shows completed immunisation carried out by the end of 1970 in respect of children born in the particular years :—

Children born in	Number immunised by 31st Dec., 1970	Number of registered live births	Percentage immunised
1966	6,071	7,024	86.4
1967	5,813	6,918	84.0
1968	5,816	6,886	84.5
1969	6,275	7,184	87.4

Records of immunisation of hospital staff and their families when performed by the hospital medical staff are not required by the local health authority. The Department supplied 210 units of oral vaccine to hospitals in 1970 for their staffs.

IMMUNISATION AGAINST TUBERCULOSIS

The following table shows the extent to which the programme was carried out. The number of children in maintained schools who were entitled to Heaf testing given in the table includes children who could not be dealt with in 1969 due to commencement of rubella immunisation.

Type of school or college	Schools at which immunisation was carried out		Schools at which immunisation was not carried out	
	No. of schools	No. of persons who were entitled to Heaf testing	No. of schools	Estimated No. of persons who were entitled to Heaf testing
Maintained	31	3,796	16	1,253
Independent	6	341	7	82
Approved	Nil	Nil	3	Nil
F.E.	Nil	Nil	4	Nil

The results of Heaf testing in schools at which immunisation was carried out were as follows :—

	Heaf Tested		Positive		Negative and Immunised
	No.	Percentage of those entitled to Heaf testing	No.	Percentage of those tested	
Maintained	2,958	58.5	557	18.83	2,467
Independent	231	46.6	47	20.34	248
F.E. Colleges	Nil	Nil	Nil	Nil	Nil
Approved	Nil	Nil	Nil	Nil	Nil
Total	3,189	63.2	604	18.94	2,715

Twenty-three children had unusually strong reactions to the Heaf tests and were given appointments at the chest clinic for investigation. The results were as follows :—

Nothing abnormal discovered and not to be seen again at clinic ...	14
Nothing abnormal discovered but to have follow-up appointments	6
Kept under observation at clinic	1
Left Wiltshire	1
Failed appointments	1
	—
	23
	—

IMMUNISATION AGAINST RUBELLA

In July 1970 the Secretary of State for Social Services gave formal approval for local health authorities to carry out immunisation of girls between their 11th and 14th birthdays against rubella and asked that arrangements for this should be brought into operation as soon as possible. The object is to provide protection for girls before they reach child-bearing age because of the known association between rubella infection in early pregnancy and congenital abnormalities in the child. Priority was, however, to be given to girls in their 14th year, in the period from September 1970 and March 1971.

The Department of Health and Social Security, therefore, only made available vaccine for girls who were 13 on 1st September 1970 and who attained the age of 13 before 31st March 1971. There were 3,711 girls in this group and their parents were offered the opportunity of the girls being immunised at school by a school medical officer or by their family doctors. Of these 3,198 gave consent to their immunisation at school and 245 chose to go to their family doctors : these together being 96.5 per cent of the group. One hundred and thirty refused. By the end of 1970, 2,243 of the girls had been immunised and the remainder were immunised before 31st March 1971 apart from 63 who were not well or were absent from school one or more times when the doctor gave the immunisation and who are being followed up so that those who still wish to have immunisation all have the opportunity to do so.

Ambulance Service

An intensive training programme for ambulance service staff was conducted during the year and by December all new entrants to the service and all staff with less than two years service had completed a six week course followed by one week attached to the accident department at the Salisbury General Hospital. All staff with two years but not more than five years service have completed a two week course. I should like to thank the County Medical Officer of Health for Hampshire and the staff of the Hampshire Ambulance Training School for their co-operation in this training programme. Thanks are also due to the consultants and staff at Salisbury General Hospital. It is planned to start in January 1971 a series of two week training courses for staff with over five years service ; these will be held at Salisbury.

The service is once more indebted to the St. John Ambulance Brigade, the British Red Cross Society and the members of the County Car Pool for their valuable assistance.

The establishment of the County Ambulance Service is now 119 staff, 30 ambulances, 20 dual purpose vehicles 6 cars an 1 major accident vehicle.

The following table shows the number of patients carried and the mileage undertaken by the Ambulance Service in each area during the year. The figures for 1970 are shown in heavy type.

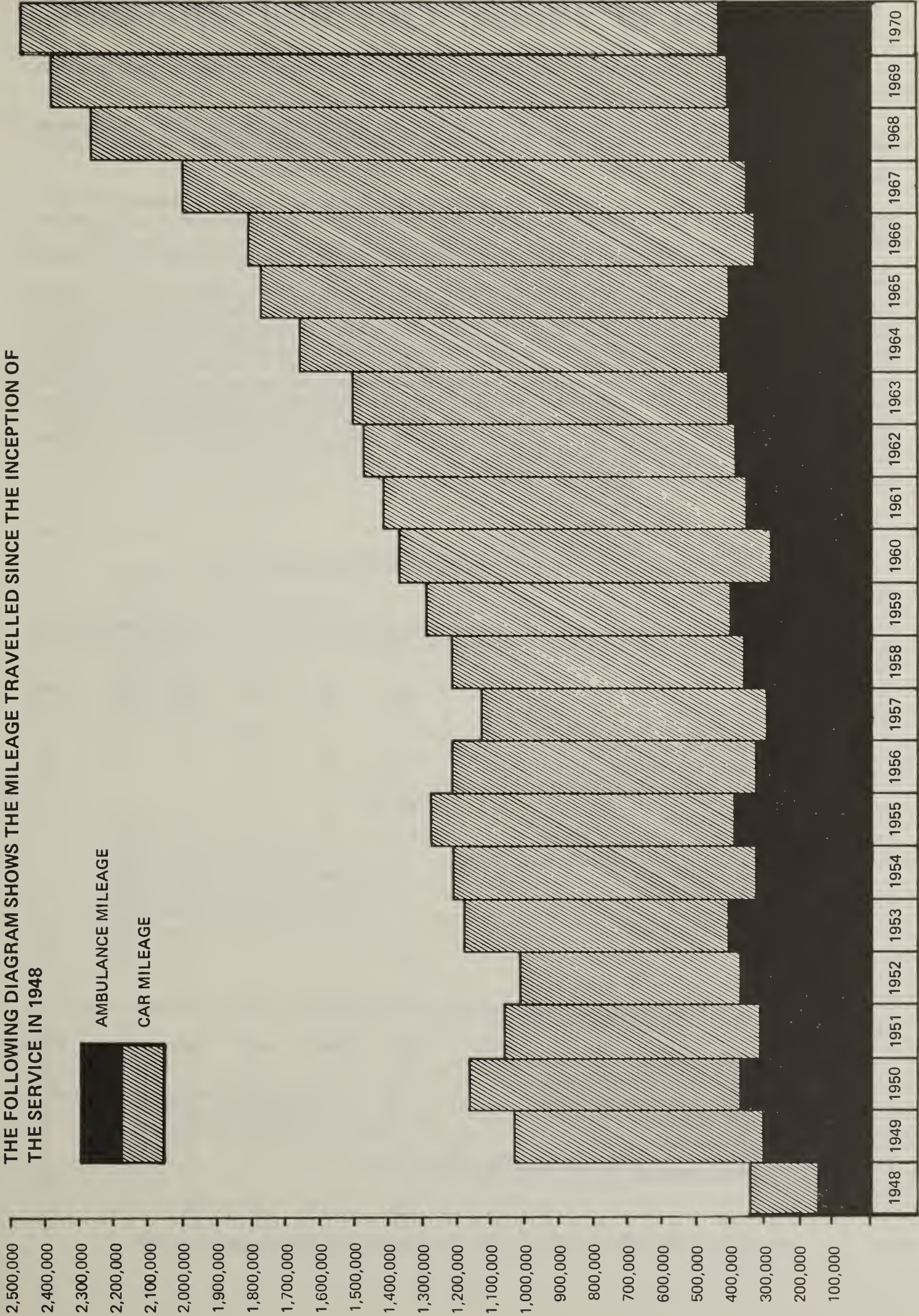
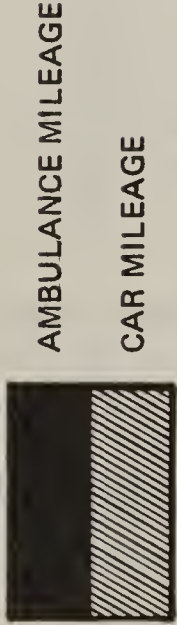
Ambulance Area	Population Mid 1969	Population Mid 1970	Area Acres	Patients				Miles	
				Accident or Emergency		Other			
TROWBRIDGE									
County Council Vehicles				1,983	2,000	28,288	25,632	257,143	246,186
County Car pool				—	—	40,000	45,730	383,263	427,415
Hire of Multi Seat Transport				—	—	8,351	9,433	41,475	65,918
	108,470	109,840	192,758	1,983	2,000	76,639	80,457	681,881	733,647
CHIPPENHAM									
County Council Vehicles				1,500	1,423	22,578	22,364	196,532	207,483
Voluntary Organisations Vehicles				—	3	2,465	2,657	15,159	13,670
County Car Pool				—	—	14,009	12,399	173,499	169,116
Hire of Multi-Seat Transport				—	—	978	652	1,770	1,657
	75,180	75,640	146,444	1,500	1,426	40,030	38,072	386,960	391,926
SALISBURY									
County Council Vehicles				1,501	1,433	11,033	9,865	132,933	113,687
County Car Pool				—	—	37,341	39,676	456,993	464,262
	115,310	117,300	259,976	1,501	1,433	48,374	49,541	589,926	577,949
SWINDON									
County Council Vehicles				2,779	3,037	54,103	48,713	229,203	229,760
Voluntary Organisations Vehicles				84	51	909	868	28,163	28,409
County Car Pool				—	—	40,873	46,284	448,563	489,084
	197,970	197,620	260,921	2,863	3,088	95,885	95,865	705,929	747,253
GRAND TOTAL	496,930	500,400	860,099	7,847	7,947	260,928	263,935	2,364,696	2,450,775

The following tables show the number of patients carried and mileage undertaken by the County Council.

							Increase in Patients over 1969		Increase in Mileage over 1969	
TOTAL							— 9,298	—7.51%	—18,695	—2.29%
County Council Vehicles	...	...	...	...	...	...	+ 11,866	+8.97%	+87,559	+ 5.99%
County Car Pool	...	...	...	...	...	...	+ 121	+3.50%	— 1,243	—2.87%
Voluntary Ambulance Units	...	...	...	...	...	...	+ 418	+4.48%	+18,458	+42.68%
Hire of Multi-Seat Transport	...	...	...	...	...	...
(NOT Volunteer or County Car Pool) vehicles (Ambulances, dual purpose vehicles, cars).										

					Patients				Miles	
					Accident or Emergency		Other			
County Council Ambulances	...	...	...	...	6,873	7,137	29,387	31,516	399,789	407,884
County Council Cars	...	...	...	...	517	422	12,787	9,630	127,069	112,690
County Council Cars (Dual Purpose)	...	...	...	...	373	334	73,828	65,428	288,953	276,542
					7,763	7,893	116,002	106,574	815,811	797,116

THE FOLLOWING DIAGRAM SHOWS THE MILEAGE TRAVELLED SINCE THE INCEPTION OF THE SERVICE IN 1948



**Prevention of Illness, Care and After-care*

- (a) Tuberculosis
(b) Mental Health
(c) Other types of illness and follow-up of patients discharged from Hospital.

} Reports under these headings are made in the relevant sections on pages 43 and 39.

Improved co-operation with the other branches of the National Health Service is one of the most important aims, and wherever possible this is encouraged, especially on the basis of local contact between the staff in the field.

(d) RECUPERATIVE HOLIDAYS

During 1970 arrangements were made for 46 persons to have recuperative holidays compared with 47 in 1969, and it is satisfactory to know that the improved use of this service has been maintained over the past five years.

Six convalescent homes were used, all on the coast. Five of the holidays were for persons over eighty years of age.

Since this scheme began in December 1948 some 678 people have had recuperative holidays at a total of some forty homes, the majority of which were at the seaside. The average stay was for a two-week holiday and contributions towards the cost of board and accommodation has been required only from those who can afford it, in accordance with the County assessment scale. The scheme has been restricted to patients who do not require medical attention or active nursing but it has not always been easy to find accommodation for those who are physically handicapped or are very elderly. There has been a tendency in the last few years for more recommendations to be received for elderly people. There has been a very large range of reasons for recommending patients for these recuperative holidays, but they include nervous debility, surgical recovery, arthritis, diabetics, bronchitics, rheumatics, and those with heart trouble. Altogether, since the inception of this scheme, there are 678 people for whom the holidays were provided, comprising :—

- 27 married couples
- 16 families
- 48 children
- 168 male adults
- 363 female adults.

It is probable that more patients could with benefit have been referred for such holidays.

(e) SOCIAL CASEWORK

The full-time social worker's post vacant at the end of 1969 was filled during the year and the half-time worker continued in post throughout the year. Sources of referral of cases, with previous years given for comparison, were as follows :—

From :	1965	1966	1967	1968	1969	1970
Health Visitors	13	5	4	3	4	12
District Medical Officers of Health	—	1	1	—	—	—
Educational Psychologists	4	1	2	—	1	1
Mental Welfare Officers	5	6	4	5	2	4
Hospital Medical Social Workers	1	—	2	1	3	1
Case Conference	1	—	1	—	—	—
Own Application	1	1	—	—	—	1
County Medical Officer of Health	—	—	—	3	1	5
Psychiatric Worker (Child Guidance Clinic)	—	—	—	—	2	—
Welfare Department	—	—	—	—	3	—
General Practitioner	—	—	—	—	1	1
Head Master	—	—	—	—	1	—
Children's Department	—	—	—	—	—	2
	25	14	14	12	18	27
	—	—	—	—	—	—

The main causes of social breakdown in the families as compared with the pattern of previous years are as follows :—

	1965	1966	1967	1968	1969	1970
Behaviour problems	5	—	2	1	4	4
Difficulties in family relationships	8	5	3	3	5	10
Long-term and congenital illness	6	2	4	2	4	5
Financial difficulties	3	5	5	2	4	4
Housing problems	3	—	—	2	1	1
Old age	—	2	—	1	—	1
Unmarried mothers	—	—	—	1	—	2
	25	14	14	12	18	27
	—	—	—	—	—	—

*Statistics in this section exclude the Borough of Swindon (unless specifically stated)

The work in 1970, in terms of cases and families being regularly visited, was as follows :—

Families being regularly visited at the beginning of year	...	23
Referred in the course of the year	... ..	27
		—
		50
		—
Cases completed during the year	... ..	18
		—
Case load at end of year	... ..	32
		—

(f) HEARING THERAPY

Arrangements continued as previously for co-operation between the hearing therapists and the peripatetic teachers of the partially hearing. The pattern of provision has followed the form established in previous years.

All children who have failed health visitor screening tests of hearing, together with those falling within various “at risk” categories, are referred to the hearing therapists for assessment of their auditory function. The responses of small children are assessed by free-field diagnostic and co-operative tests while older children are conditioned for a performance response to speech or pure-tones according to their age and ability. There is an exchange of findings between the hearing therapists, the School Health Service and ear, nose and throat specialists.

Parents are instructed about the causes and nature of hearing loss and on the methods of managing their children, communicating with them and developing their speech and language.

The hearing therapists supervise the entry to school of older partially hearing children as part of their concern with the implications of hearing loss in children of all ages. Where necessary children requiring continued basic teaching and language training are referred to peripatetic teachers of the deaf.

The hearing therapists continue observation of these children and of children admitted to residential schools for the deaf and partially hearing.

New referrals during year from :—

<i>Origin</i>										1970	1969
Awaiting initial testing at end of previous year	...	...	...	...	...	...	...	...	...	Nil	35
“At Risk” register	...	...	...	...	...	...	...	...	...	64	42
Health Visitors (other referrals)	...	...	...	...	...	...	...	...	...	120	80
Otologists	...	...	...	...	...	...	...	...	...	24	30
Paediatricians	...	...	...	...	...	...	...	...	...	19	16
Child Welfare Centres	...	...	...	...	...	...	...	...	...	25	14
Psychiatrists	...	...	...	...	...	...	...	...	...	—	3
Psychologists	...	...	...	...	...	...	...	...	...	8	4
Family doctors	...	...	...	...	...	...	...	...	...	15	20
Transfers into County	...	...	...	...	...	...	...	...	...	2	3
Total										277	236
<i>Results</i>											
Satisfactory	...	...	...	...	...	...	...	...	...	214	133
Satisfactory : for future pure-tone audiometry	...	...	...	...	...	...	...	...	...	3	30
Continuing free-field testing	...	...	...	...	...	...	...	...	...	9	20
Conditioning for pure-tone audiometry	...	...	...	...	...	...	...	...	...	1	5
Slightly deaf (not requiring hearing aids)	...	...	...	...	...	...	...	...	...	26	22
Severely deaf (requiring training)	...	...	...	...	...	...	...	...	...	13	17
Left County	...	...	...	...	...	...	...	...	...	9	8
Died	...	...	...	...	...	...	...	...	...	1	1
Total tested										276	236
Awaiting assessment										1	—
Total										277	236

Parent guidance and audiory training :

Received training at beginning of year	...	...	...	...	...	...	...	16	14
Training commenced during the year	...	...	...	...	...	...	...	12	14
Total children trained during the year									28

Disposal during the year :—

Entered school for the deaf or partially hearing	...	...	...	...	Nil	10
Entered Partially Hearing Unit	...	...	...	...	1	1
Commenced at ordinary infants school	...	...	...	...	2	—
Commenced at private nursery/infants school	...	...	...	...	—	—
Left the County	...	...	...	...	8	—
Hearing aid withdrawn after observation period	...	...	...	...	1	1
Training continued at end of period	...	...	...	...	16	16
Total					28	28

Total number of children visited for training and assessment	...	...	...	...	...	359	344
Total number of visits to homes	...	...	...	...	...	874	768
Hospital hearing aid issued	...	...	...	...	...	11	9
Commercial hearing aids purchased	...	...	...	...	...	5	2

Thirty-five speech training units are available for loan to parents.

(g) CHIROPODY

There were in post at the end of the year, ten senior chiropodists, in addition to the chief chiropodist, one of the seniors having during that year, successfully completed her course at the Salford School of Chiropody under the County Council's training scheme. There was one trainee under training at that School under the County Council scheme at the end of the year.

Treatment sessions were continued at the County Council homes for the elderly, 17 being regularly visited by the end of the year, and regular visits were also made to 29 local authority group dwellings, one private grouped dwelling, one Cheshire home and two private homes for the elderly.

For persons who were able to travel to them, treatment sessions were regularly held at ten County Council chiropody clinics, Amesbury and Malmesbury being additions during the year. It has been found that the opening of a clinic increases the demand for the service. For example, the number of patients in Amesbury doubled in the six months following the opening of the clinic.

Five voluntary organisations concerned with the welfare of the elderly continued during the year to arrange treatment by qualified chiropodists and grants totalling £1,439 were made to them.

There continues to be a heavy demand for this service, particularly for the elderly in the population and this will, no doubt, continue to rise with the increasing proportion of elderly persons in the population, and with increasing appreciation of the benefits of chiropody treatment and of its availability as a County service.

The following tables compare the work done in 1970 (in heavier type) with that in 1969 (in lighter type). The number of patients treated in the year was higher than in the previous year but, with the slightly better staffing situation it was possible to maintain at no more than four weeks the waiting time between application and receipt of the first treatment.

	By County Council chiropodists		By private chiropodists working on behalf of the County Council		By Voluntary Organisations		Total numbers of persons treated	
Expectant Mothers	1	2	—	—	—	—	1	2
Physically handicapped	66	28	—	—	17	—	83	28
Persons of retirement age	4,411	4,245	203	133	802	583	5,416	4,961
	4,478	4,275	203	133	819	583	5,500	4,991

Treatment by	In patients' homes		In clinics or Club sessions		In Chiropodists' surgeries		In Welfare Homes		Total numbers of treatments	
County Council chiropodists	14,718	12,759	2,239	1,551	—	—	5,073	2,987	22,030	17,547
Private chiropodists working on behalf of the County Council	100	1,686	—	264	1,534	1,975	—	384	1,634	4,309
Voluntary organisations aided by County Council grant	1,254	1,110	1,017	470	1,914	2,030	—	—	4,185	3,610
Totals	16,072	15,545	3,256	2,285	3,448	4,005	5,073	1,371	27,849	25,466

The conditions treated by the County Chiropodists were :—

Corns, callouses, etc. not complicated by other physical conditions	...	3,882	3,584
Severe nail conditions	... ..	315	383
Similar lesions complicated by other physical conditions :—			
Diabetes	... ..	194	169
Sepsis	... ..	21	58
Severe circulatory disorders	... ..	84	78
Gangrene	... ..	4	6
		4,500	4,278

The following table shows patients who commenced treatment by County chiropodists during 1970, classified by age group :—

Age Group	Domiciliary		Clinic	
Under 60	17	24	9	4
60—	28	52	14	15
65—	94	86	50	21
70—	147	134	54	18
75—	167	131	44	16
80—	151	120	24	7
85—	84	60	4	1
90 and over	24	27	1	—
	712	634	200	82

(h) PROVISION OF MEDICAL LOAN EQUIPMENT

During the year 25 depots have made 1,361 loans. Many more items could have been lent if the supply had been available. Many of the items, especially the larger ones—walking frames, commodes and wheel-chairs are often lent initially to aid in the rehabilitation of patients but remain on loan for periods of months and years, when patients do not regain sufficient independence. The supply of some other nursing aids such as ripple beds and artificial sheepskin pads eases the care of the ill patient at home and are much appreciated. Three ripple beds have been given to the County Council at the beginning of 1971 as a result of the benefits that the patients received in 1970 from these special beds.

(i) AIDS FOR THE INCONTINENT

The provision of these aid people to maintain their independence, to keep them ambulant and to relieve the strain on relatives. Various types of incontinence pants and linings are provided to meet individual needs ; over 350 pairs of pants were issued to more than 100 patients in 1970 and a considerable quantity of absorbent linings ; 8,000 underpads to protect the bed were issued for the use of bedridden patients.

The demand for these items continues steadily to increase as their availability and benefits become well-known.

(j) CERVICAL CYTOLOGY

There were 11 cervical cytology clinics open at the end of the year, two additional clinics being opened during the year at Malmesbury and Amesbury Bemerton Heath clinic closed in July because of lack of attenders.

During the year 2,123 women, mainly from 25 years of age upwards, had cervical cytology tests. Analysis of the social classes showed the usual pattern, viz. a predominance of those in social class III :

Year	Distribution of Social Classes				Age
	Social Class I & II	Social Class IV & V	Social Class III	Services and others	% age under 35 years
1966	18.0%	12.4%	56.4%	13.2%	41.1%
1967	15.2%	12.8%	58.5%	13.5%	39.2%
1968	14.4%	16.0%	54.5%	15.1%	44.1%
1969	16.0%	18.3%	52.7%	13.0%	47.7%
1970	18.3%	15.4%	55.7%	10.6%	47.4%

Seven women received tests through the limited domiciliary service. Visits were made to one office, where numbers of women were employed ; of 19 women tested, 3 were social class IV and V.

Age distribution of attenders at Cytology Centres in Wiltshire			
Age Group	1968	1969	1970
Under 25 years	158	168	214
25—29	365	341	384
30—34	427	304	409
35—39	370	282	341
40—44	331	186	286
45—49	250	191	213
50—54	133	97	143
55—59	77	69	97
60—64	30	23	26
65+	11	8	10
	2,152	1,669	2,123
% below age 30 years	44.14%	47.6%	47.43%

Of the above total of 2,123 examinations made, there were four positive results reported by the laboratory. Other conditions found at the time of attendance and requiring treatment were followed up and women referred to their own doctor.

Examination of breasts is carried out as a routine at cervical cytology sessions as a measure for the early detection of cancer.

1966—1970 ANALYSESE OF POSITIVE CASES

Social Class	No.	Parity (LB. SB.) ABN.	No.	Age Group	No.
I	—	Nil	3	25—29	1
II	3	1	9	30—34	2
IIIM	15	2	3	35—39	5
IIINM	1	3	6	40—44	8
IV	4	4	1	45—49	8
V	2	5	3	50—54	—
Services and other	3	6 and over	3	55—59	2
TOTAL	28	TOTAL	28	60—64	2
				TOTAL	28

Incidence of Ca. in situ and carcinoma, 2.71 per 1,000 women tested. (2.4 per 1,000 women tested Ca. in situ.)

(k) RENAL DIALYSIS AT HOME

Under the scheme, the County Council arranges, either by directly undertaking the work or by giving financial assistance for it, for the adaptation of the homes of patients for artificial kidney machines to be installed to enable them to undertake dialysis at home and resume life in the community. The need to obtain financial provision and safeguards can lead to delay in arranging adaptations though every effort is made to keep this to the minimum. Special arrangements are made, through the district medical officer of health, for the collection and disposal of the dialysis refuse.

One female patient commenced home dialysis during the year and in her case the alteration to the homes were carried out by the employer of the lady and her husband.

Each patient undertaking home dialysis receives supervisory visits from one of the social workers of the Health Department and, although usually some other member of the household is instructed in the use of the machine and can assist the patient if required, the district nurse is also put in touch with the patient having herself been familiarised, by arrangement with the hospital department concerned, with the particular machine in use.

During the electricians' " Work to Rule " in December 1970, all five dialysis patients received considerable co-operation from the Electricity Board's staff in their respective areas, and were warned when supplies were to be turned off. In one case the Board delayed switching off to allow the patient to complete the dialysis process.

**Home Help Service*

Section 29 of the National Health Service Act, 1946, which permits the County Council to provide a home help service, came into operation on the 5th July, 1948. However, as early as 1944 the County Medical Officer of Health commented in his Annual Report that Ministry of Health circulars concerning the provision of home help service to women at the time of their confinements had been followed up with the Ministry of Labour. One home help was engaged on a part-time basis for work as required during that year. The County Council's willingness to employ home helps was communicated to various bodies most likely to help but no further applicants came forward for enrolment. In 1945 the services of two home helps were available.

The popularity of the service which it was possible to provide for one area of the County in that year indicated the wide field of service to be covered when more women could be found to undertake this work. In 1946 one home help was employed and service was provided for 14 households and in 1947 five home helps were employed providing home help in 19 households. The following table shows the growth of the home help service since 1948.

	<i>Maternity Cases</i>	<i>Other Cases</i>	<i>Total</i>	<i>No. of Part-time Home Helps</i>	<i>Whole Time Equivalent</i>
1948	20	18	38	11	8.5
1953	118	386	504	285	43.4
1958	43	582	625	476	56.8
1960	62	809	871	573	80.5
1961	82	952	1,034	758	101.9
1962	73	1,119	1,192	1,001	114
1963	95	1,286	1,381	1,167	123
1964	93	1,394	1,487	1,102	140
1965	90	1,572	1,662	1,175	169
1966	74	2,229	2,303	1,335	178
1967	74	2,547	2,621	1,412	217
1968	60	2,415	2,475	1,344	192
1969	132	2,572	2,704	1,449	207
1970	211	2,851	3,062	1,132	252

In 1950 the Health Committee agreed a method of assessment of weekly contributions by recipients towards the cost of service and a scale was evolved based on the National Assistance Act, 1948 and, since 1966, on the Ministry of Social Security Act, 1966. Under this scale recipients of the service are assessed to make payments for the service ranging from nil to the full cost ; persons in receipt of Old Age Pensions and National Assistance (now Retirement Pensions and Supplementary Benefit), are not expected to contribute and the service is provided free in such cases.

The Health Committee in 1950 considered the appointment of a home help supervisor but this was deferred because of expense. In 1953 there was a sharp rise in the demand for home help service and there was increased expenditure due to the increase in the home helps' wage rates to 2s. 3d. per hour. The Health Committee approved the maximum charge for the service of 2s. 5d. per hour. From November 1970 the home help hourly rate of pay became 6s. 9½d. (34.13p), max. charge per hour 7s. 6d. (37½p).

The service continued to expand until, in 1956, it was necessary for it to be curtailed in order to keep within the approved financial provision. In this year the night attendance service commenced and four persons received help.

In 1958 it was reported that the demands for the service periodically exceeded the financial provision unless special steps were taken to restrict the service. The expenditure rose steadily as the numbers of new cases exceeded those in which the need for home help ceased during the year. Stringent economy measures were necessary which caused considerable hardship in some cases.

During 1962 provision was made for the employment of health visitors assistants in order to free the health visitors themselves to concentrate on duties more needful of their professional expertise and training, and the home help service is one sphere in which health visitor assistants have been invaluable. The first of these to be appointed took up duty on the 1st February, 1963. The establishment of health visitor assistants is now 21. Also in 1962 the holiday pay scheme for home helps was introduced.

From the 1st January, 1966, the payment of wages to home helps has been made by means of the County Council's computer. The computer programme provides for the production of the annual statistical analysis of the service together with a cost analysis and a complete record of the service provided for each person during the year. At eight weekly intervals lists of persons currently receiving help are produced to enable the health visitors and the assistants continuously to review the need for the service in individual households. Each month a list of persons due for financial re-assessment is produced. Following each fortnightly payment to the home helps a computer produced statement shows any instances where the number of hours service provided has exceeded the number authorised and these are followed-up by the health visitor assistants. This statement also shows contributions collected by the health visitor assistants together with any amounts outstanding.

*Statistics in this section exclude the Borough of Swindon.

In 1967 stricter standards than were really desirable had to be adopted in assessing the amount of help which could be provided in order to make the widest use of the service with funds available. The economies which were effected in 1967 were maintained during 1968 and in this year for the first time for many years there was a decrease in the number of persons assisted of 146. These standards in assessing what help could be provided were continued in 1969 when a moderate expansion of the service took place but the usual winter increase in hours of service provided did not occur, although 229 more persons were assisted than in the previous year. During 1970 a further expansion in the service took place, 358 more persons were assisted than in the previous year. Such additional funds as become available annually for expansion are fully taken up by the demand.

Section 13 of the Health Service and Public Health Act, 1968, which comes into force on the 1st April, 1971, imposes a duty to provide a home help service adequate for the area, and replaces the existing permissive power under Section 29 of the National Health Service Act, 1946. The Local Authority Social Services Act, 1970, transfers the responsibility for the home help service to the Social Services Committee, as from 1st April, 1971.

The following table shows the number of cases in the various categories which have received service during the last six years .—

Year	Aged 65 years or over	Aged under 65 years				Total
		Chronic Sick and T.B.	Mentally Disordered	Maternity	Others	
1965	1,326	152	12	90	82	1,662
1966	1,782	250	23	74	174	2,303
1967	2,057	233	27	74	230	2,621
1968	2,059	200	19	60	137	2,475
1969	2,162	229	24	132	157	2,704
1970	2,410	239	24	211	178	3,062

*Mental Health Service

The following tables give details of the work undertaken by the Mental Health Service during the year :—

CASEBOOK SUMMARY (i.e. NUMBER OF PATIENTS BY CATEGORIES)

	Mentally ill		Psycho-pathic		Subnormal		Severely subnormal		TOTAL	
	M	F	M	F	M	F	M	F	M	F
No. of Patients under Guardianship of the County Council	—	—	—	—	—	1	—	—	—	1
No. of Patients under Guardianship of others ...	—	—	—	—	—	—	—	—	—	—
No. attending Junior Training Centres ...	—	—	—	—	7	6	97	61	104	67
No. awaiting training at Junior Training Centres ...	—	—	—	—	5	—	1	3	6	3
No. attending Adult Training Centres ...	1	—	—	—	64	72	83	83	148	155
No. awaiting training at Adult Training Centres ...	—	—	—	—	—	—	—	—	—	—
No. resident in County Council Hostels :—										
(a) Sarum House	1	—	—	—	17	—	10	—	28	—
(b) Rutland House	—	—	—	—	15	7	4	2	19	9
(c) Redlands House	—	—	—	—	—	19	—	11	—	30
(d) Anzac House	7	16	—	—	—	—	—	—	7	16
No. resident at C.C. expense in private hostels and other establishments	1	2	—	—	—	2	1	1	2	5
No. boarded out at C.C. expense in private households	—	—	—	—	—	—	—	—	—	—
No. under informal supervision by :—										
(a) Mental Welfare Officers	157	239	—	—	144	112	215	157	516	508
(b) Voluntary Visitors	—	—	—	—	—	1	—	—	—	1
(c) Probation Officers	—	—	—	—	1	—	1	—	2	—
(d) Children's Officers	—	—	—	—	1	4	1	1	2	5
No. awaiting admission to hospital :—										
(a) Urgent need	—	1	—	—	—	—	6	1	6	2
(b) Not urgent need	—	3	—	—	—	—	5	1	5	4

MISCELLANEOUS STATISTICS FOR THE YEAR

	Mentally ill		Psycho-pathic		Subnormal		Severely subnormal		TOTAL	
	M	F	M	F	M	F	M	F	M	F
GUARDIANSHIP										
No. of Patients placed under guardianship of L.H.A.	—	—	—	—	—	—	—	—	—	—
No. of Patients discharged from guardianship by Responsible Medical Officer	—	—	—	—	—	—	—	—	—	—
PATIENTS ADMITTED TO HOSPITALS FOR THE MENTALLY SUBNORMAL										
To permanent beds	—	—	—	—	5	—	3	3	8	3
For temporary care under Circular 5/52 to :—										
(a) N.H.S. Hospitals	—	—	—	—	2	4	25	16	27	20
(b) Other Hospitals	—	—	—	—	8	7	—	2	8	9

*The statistics in this section exclude the Borough of Swindon, except the figures relating to persons attending training centres.

RECORD OF CASES REFERRED FOR ACTION DURING YEAR AND SUMMARY OF ACTION TAKEN

No. of persons referred who at the time of referral were not on the case list of Wiltshire or any other L.H.A.—1461. Of the above, No. previously known to the service—492	Mentally ill			Psychopathic			Subnormal			Severely subnormal				Totals			
	Under 16		16 and over	Under 16		16 and over	Under 16		16 and over	Under 16		16 and over	Under 16		16 and over		
	M	F		M	F		M	F		M	F		M	F			
REFERRED BY :— General Medical Practitioner Hospital and Specialist Service :— (a) on discharge from in-patient treatment ... (b) after or during out-patient or day treatment ...	6	1	179	360	—	—	2	1	—	7	6	—	2	12	3	188	369
Education Committee : (a) Section 57(3) (b) School leavers Police and Courts	—	—	51	83	—	—	4	1	—	3	3	—	—	—	—	58	87
	—	1	35	65	—	—	—	—	—	1	2	1	—	—	1	37	67
Other Sources : Relatives Dept. of Health and Social Security Health Visitors Others	1	—	29	38	—	—	2	—	2	7	5	—	5	13	6	—	—
	—	—	3	4	—	—	—	—	—	1	—	—	—	1	1	3	5
	—	1	3	6	—	—	—	—	3	—	2	—	1	5	5	40	27
	—	2	130	181	—	—	8	2	2	44	30	1	9	12	9	183	222
Transferred from community care of other local health authorities	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
HOW DEALT WITH :— Advice only to : (a) Patient (b) Relatives (c) Referring agency	—	—	92	124	—	—	3	—	—	16	7	—	1	—	—	111	132
	1	1	23	16	—	—	—	—	2	5	6	1	1	2	4	29	23
	5	1	89	160	—	—	3	4	2	17	12	—	5	11	7	109	181
Added to case load and : (a) Admitted to hospital (i) Informally (ii) Compulsorily (b) Placed under Guardianship of (i) local Health Authority (ii) person other than L.H.A. (c) Placed under friendly supervision (prevention after-care, etc.)	—	1	96	145	—	—	6	—	—	2	2	—	—	1	1	104	147
	—	—	49	92	—	—	2	—	—	1	4	—	—	—	—	52	96
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	2	2	105	200	—	—	2	1	6	25	21	1	4	29	16	133	226
Removed or died before dealt with	—	—	4	9	—	—	—	—	—	—	—	—	—	2	—	4	9
Not dealt with by the date of this statement	—	—	11	17	—	—	—	—	—	1	1	—	—	2	—	12	18

WORK OF MENTAL WELFARE OFFICERS IN 1969 AND 1970

DURING OFFICE HOURS

OUTSIDE OFFICE HOURS

				Totals						Totals	
				1969	1970					1969	1970
1.	Intreviews at Mental Health Office	...	...	1133	1187	1.	Attendances as Case Conferences, Clinics and Meetings (shown as cases discussed)	...	...	45	73
2.	Attendances at Case Conferences, Clinics and Meetings (shown as cases discussed)	...	...	6409	6703	2.	Visits to Police, Probation Office, M.o.L., D.ofH.&S.S.,etc. (shown as cases discussed)	...	...	34	48
3.	Visits to Police, Probation Office, Ministry of Labour, D. of H.&S.S., etc. (shown as cases discussed)	...	...	748	806	3.	Visits to relatives only	...	...	111	117
4.	Attendances at Courts	...	...	18	13	4.	Statutory Guardianship visits	...	...	—	—
5.	Visits to Relatives only	...	...	1579	1328	5.	Home visits of friendly supervision, preventative and after-care visits	...	...	590	475
6.	Statutory Guardianship visits	...	...	3	—	6.	Other home visits	...	...	64	30
7.	Home visits of friendly supervision, preventative and after-care visits	...	...	8416	9073	7.	No access visits (not included elsewhere)	...	...	35	24
8.	Other home visits	...	...	99	75	8.	Visits to patients in hospital	...	...	26	16
9.	"No-access" visits (not included elsewhere)	...	...	1669	1593	9.	Visits to patients in hostels	...	...	14	17
10.	Visits to patients in hospital	...	...	552	453	10.	Admission to hospitals :—	...	...	26	30
11.	Visits to patients in hostels	...	...	125	87		Compulsorily Sec. 25	...	...	1	2
12.	Admission to hospitals :—	...	...	64	84		Sec. 26	...	...	56	55
	Compulsorily Sec. 25	...	...	14	10		Sec. 29	...	...	—	—
	Sec. 26	...	...	37	33		Sec. 136	...	...	2	—
	Sec. 29	...	...	3	1		Part V	...	...	100	75
	Sec. 60	...	...	—	—	11.	Admission to hostels	...	...	3	2
	Sec. 65	...	...	299	285			...	...
	Informal	...	...	17	17			...	...
13.	Admission to hostels	...	...	21185	21748			...	...	1107	964
			

SOCIAL WORK

During the year the volume of work undertaken by mental welfare officers showed a slight increase over the previous year but the pressure upon them did not allow them to undertake the full social work visiting of all clients which is desirable as a preventive measure.

The recruitment of mental welfare officers continued to prove difficult and during the year there were several vacancies for long periods. The Devizes area was particularly hard hit ; out of an establishment of four officers the post of Area Mental Welfare Officer was vacant from 1.8.70 to 1.12.70 and the Senior Mental Welfare Officer post was vacant for the whole year. In addition to the difficulties caused by these vacancies, one of the mental welfare officers at Devizes was involved in a car accident in August, and as a result remained off duty for the remainder of the year. This left only one unqualified officer in post for a period of four months, and although help was given from other areas of the County this could only be of a limited kind. One of the main problems which arise from such a situation is the difficulty of meeting all emergency requests for help ; there is also the need to be able to arrange the admission of patients to hospital, in some cases compulsorily, without undue delay. During a period of such severe difficulties, it is not possible of course to undertake much, if any, of the normal social work visiting of clients and this is reflected in the reduced case load of mental welfare officers shown in the tables. The North Eastern area was also without the services of one mental welfare officer from January to mid-November, and the Chippenham area also had a vacancy for one mental welfare officer from April onwards.

In 1969, the County Council introduced a higher level of salary gradings for senior officers in the Child Care Service, although prior to that date the social work staff of the Children's Department, Welfare Department and the Mental Health Service, had been on similar salary grades. However, in April 1970, after many representations, parity of gradings for the senior social workers of the three departments was restored.

It is an essential part of the mental health service that a mental welfare officer should always be available throughout the County at all times and this involves mental welfare officers being on call at their homes outside of normal office hours, including week-ends etc. This duty is part of a mental welfare officer's normal duties and approval has now been given to some additional payment being made to these officers.

During the autumn a request was received from the Old Manor Hospital at Salisbury that the social work services of the hospital should be merged with those of the County Council. The Hospital Management Committee reported that they would shortly be losing their Senior Social Worker and, apart from the advantages of integrated work, thought that the County Council would be able to recruit suitable staff more easily than the hospital. It was agreed that integration of the two services would be beneficial and although there are several problems to be resolved, negotiations on the amalgamation of the two services are proceeding.

JUNIOR TRAINING CENTRES

Attendance at Junior Training Centres remained constant and a small waiting list continued to exist at Swindon. Consultations have been held with the Education Department regarding the impending transfer of responsibility for Junior Training Centres from the Health Committee to the Education Committee, and because of this change-over no final decision has been taken regarding the additional accommodation which the Health Committee had intended to provide at Upham Road Junior Training Centre, Swindon, in order that these children could be admitted.

A general duty assistant was also appointed at Middlefield Junior Training Centre, Chippenham, and this has enabled additional children to be admitted there, particularly those who are in need of more individual help with their toileting etc.

ADULT TRAINING CENTRES

The number attending adult training centres has continued to increase and the existing facilities are being severely strained. Of course, these centres have no upper age limit unlike the Junior Training Centres and the present high numbers attending all centres also result in part from the increased admissions which have taken place over the previous years. During the autumn, work commenced on the extensions to the Middlefield Adult Training Centre, Chippenham, and earlier in the year work had commenced on the new Adult Training Centre in Marlborough. The policy of appointing social training instructors has continued and two additional posts, one each at Trowbridge and Swindon, were authorised during the year. It is becoming apparent, however, that for the expansion of Adult Training Centres to continue, additional staff and buildings will have to be provided, though with the opening of Marlborough this County will be fully covered geographically.

HOSTELS

The demand for accommodation in all of the four hostels continued to be high and Redlands House, Chippenham, and Sarum House, Salisbury were full for the whole year. During the year Rutland House, Trowbridge, the hostel for mentally handicapped young men and women also became full, although in recent years, applications for admissions to this particular hostel had not been so great as our other two hostels for the mentally handicapped. Work also commenced during May on a new hostel for mentally handicapped men and women at Melksham.

Because of the difficult staffing position at Anzac House, Devizes, the hostel for the elderly mentally ill, it was impracticable to increase the number of residents above 23, but in view of the need for this type of accommodation, it is hoped that additional money will be found in the near future to allow an increase in the staff establishment, so that the hostel can be fully utilised.

STAFF TRAINING

The training scheme has been continued and the following members of staff successfully completed training courses during the year :—

- 1 Craftsman Instructor at an Adult Training Centre.
- 1 Trainee Mental Welfare Officer (who has been assimilated into the permanent staff establishment).
- 1 Trainee Assistant Supervisor of a Junior Training Centre.

In view of the impending transfer of responsibility for Junior Training Centres to the Education Committee, the Trainee Assistant Supervisor's course was extended for a third year at a Teacher Training College so that she could obtain qualified teacher status. In addition one trainee mental welfare officer completed a full-time training course but was unsuccessful in obtaining his certificate, and he subsequently resigned his appointment.

In September, one trainee Mental Welfare Officer, two Mental Welfare Officers and a Craftsman Instructor at an Adult Training Centre commenced full-time training courses of one or two years duration.

Once again a holiday was arranged directly by the County Council for 86 mentally handicapped adults and 24 children living in the West Wiltshire and Pewsey Areas, and a grant was also made to the Salisbury and Swindon Societies for Mentally Handicapped Children who arranged similar holidays for persons living in the South and North of the County. These holidays are thoroughly enjoyed by those persons who take part, and thanks are due to the members of staff and voluntary helpers who work so hard to make the holidays so successful.

During part of the holiday period, the West Wilts Society for Mentally Handicapped Children were responsible for operating a playgroup for mentally handicapped children in the premises of the Middlefield Junior Training Centre at Chippenham. There is no doubt that this rather long period when the training centre is closed does place considerable stress upon those families who have a mentally handicapped child and the relief afforded by this playgroup is helpful to them.

Recently much publicity has been given to the acute accommodation difficulties being experienced nationally in the hospitals for mentally handicapped persons. These difficulties are certainly being experienced in this County but in the area of the Oxford Regional Hospital Board the system of "programmed admissions" which has been instituted recently enables, for example, one hospital bed to be utilised to accommodate say 2, 3 or 4 different persons with a month's residence in hospital, followed by 2 or 3 months residence in the community with their families. However, difficulties continue to be experienced in obtaining permanent beds in subnormality hospitals and when seeking a hospital bed for someone living in the community or in one of the hostels we are increasingly offered a bed on the understanding that in return we will accept a hospital patient into a hostel. While this practice may be appropriate in some circumstances it can militate against admissions directly from the community.

Tuberculosis

NOTIFICATIONS

Primary notifications of tuberculosis and corresponding incidence rates in 1944, the peak year, and at five yearly intervals since 1953, are shown in the following table :—

Year	Number of Primary Notifications			Incidence per 1,000 of Population		
	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all forms)	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all forms)
1944	423	122	545	1.23	0.35	1.58
1953	329	49	378	0.84	0.12	0.96
1958	162	41	203	0.4	0.10	0.50
1963	108	24	132	0.24	0.05	0.29
1968	80	29	109	0.16	0.06	0.22
1970	57	19	76	0.11	0.04	0.15

From 1944, the peak year, to 1953, incidence of new cases of tuberculosis fell by 30%. In the next ten years from 1953, when the impact of modern drugs began to take effect, to 1963, the drop nearly doubled, reaching 70%, since when the decline continues gradually.

Fourteen notified cases of tuberculosis moved into Wiltshire from other counties during the year.

DEATHS

Deaths due to tuberculosis and the corresponding death rate at five yearly intervals since 1953 are shown in the following table :—

Year	Wiltshire						England and Wales		
	Number of Deaths			Death rate per 1,000 population			Death rate per 1,000 population		
	Respira- tory Tuber- culosis	Non- Respira- tory Tuber- culosis	Tuber- culosis (all forms)	Respira- tory Tuber- culosis	Non- Respira- tory Tuber- culosis	Tuber- culosis (all forms)	Respira- tory Tuber- culosis	Non- Respira- tory Tuber- culosis	Tuber- culosis (all forms)
1953	41	10	51	0.11	0.02	0.13	0.18	0.02	0.20
1958	24	1	25	0.060	0.002	0.062	0.09	0.01	0.10
1963	16	4	20	0.036	0.008	0.044	0.056	0.007	0.06
		Other Tuber- culosis incl. late effects			Other Tuber- culosis incl. late effects			Other Tuber- culosis incl. late effects	
1968	14	5	19	0.029	0.01	0.039	0.030	0.013	0.043
1970	4	3	7	0.008	0.006	0.014	0.019	0.014	0.033

Deaths from respiratory tuberculosis fell from 94 in 1950 to 4 in 1970, a drop in numbers of 96%. In the same period deaths from cancer of the lung rose from 69 to 249, a rise of approximately 261%.

HEALTH VISITING AND EXAMINATION OF CONTACTS

During the year 382 visits were made by health visitors to families with a tuberculous patient to ensure that all the contacts attended the chest clinic for examination. This has a two-fold purpose, namely to trace other persons who may have been infected, and to search for the primary source of infection which is not necessarily the first case discovered in a household.

One case of tuberculous meningitis in an adult person was notified during the year. All family and work contacts were followed up and investigated by chest X-rays but no evidence of the source of infection was found.

Following receipt of a pathological report that a bovine strain of tubercle had been isolated in this case, an investigation into all possible sources of supply of milk consumed during the life of the patient was conducted by the County Public Health Inspector. The conclusion was drawn that, due to the consumption of “ raw ” milk from many different sources throughout the early part of life, the patient had been exposed to risk of infection from milk, but the tubercle had remained dormant until stimulated by pregnancy.

The following table shows that although there has been an outstanding drop in notifications in the last 15 years, the percentage of new and old contacts found amongst the primary notifications each year remains consistently high.

TUBERCULOSIS IN CONTACTS

Year	Primary Notifications (Respiratory and Non-Respiratory Tuberculosis)	Contacts examined for first time in the year	New Contacts examined per notified case	New Contacts diagnosed as suffering from tuberculosis (included in column 2)	Percentage of new contacts examined found to be tuberculous	Contacts found to be tuberculous although under supervision in previous years	Total of new and old contacts found to be tuberculous	New and old contacts found to be tuberculous shown as percentage of Primary Notifications
1953	378	776	2.0	34	4.4	22	56	15%
1954	307	726	2.4	19	2.6	17	36	12%
1955	250	815	3.2	16	2.0	15	31	12%
1956	208	907	4.4	26	2.9	23	49	23%
1957	242	884	3.6	12	1.4	16	28	12%
1958	203	856	4.2	11	1.3	14	25	12%
1959	148	901	6.1	19	2.1	9	28	19%
1960	165	740	4.5	15	2.0	8	23	14%
1961	168	1,055	6.2	20	2.0	7	27	16%
1962	139	756	5.4	11	1.5	8	19	14%
1963	132	809	6.1	11	1.4	6	17	13%
1964	150	929	6.2	26	6.2	2	28	19%
1965	123	887	7.2	8	0.9	15	23	18%
1966	111	755	6.8	17	2.2	9	26	23%
1967	88	707	8.0	8	1.1	7	15	17%
1968	109	660	6.0	6	1.0	7	13	12%
1969	85	859	10.0	4	0.5	5	9	11%
1970	76	1,061	14.0	6	0.6	2	8	10.5%

PROTECTION OF CHILDREN AGAINST TUBERCULOSIS

Entrants to the staff of the County Council whose work will bring them in close contact with groups of children, are required to submit a satisfactory report on a recent chest X-ray before the appointment is confirmed. This has been a requirement in the case of health visitors, district nurses, midwives, staff of children's homes, entrants to the teaching profession and a few other posts.

A total of 571 were X-rayed before appointment during 1970 but none were found unsatisfactory. Three-yearly follow up X-rays are offered.

TUBERCULOSIS IN CHILDREN

Seven children under 15 years of age were notified as suffering from tuberculosis, but in one case the diagnosis was subsequently not confirmed. Two occurred in the Borough of Swindon and the remaining 4 were from the County area outside Swindon. Of the 6 cases, 5 were respiratory and one was a case of tuberculous meningitis in a child of 5 years whose family had come from an R.A.F. Station in Lincolnshire in April. Every effort in this case was made to trace the source of infection by following up all known contacts the family, neighbours, the children and staff at the R.A.F. nursery school and Primary School which the child had attended in Wiltshire. The Medical Officer of Health of the area from which the family had recently come was also informed so that the contacts there could be covered. No evidence has so far been found.

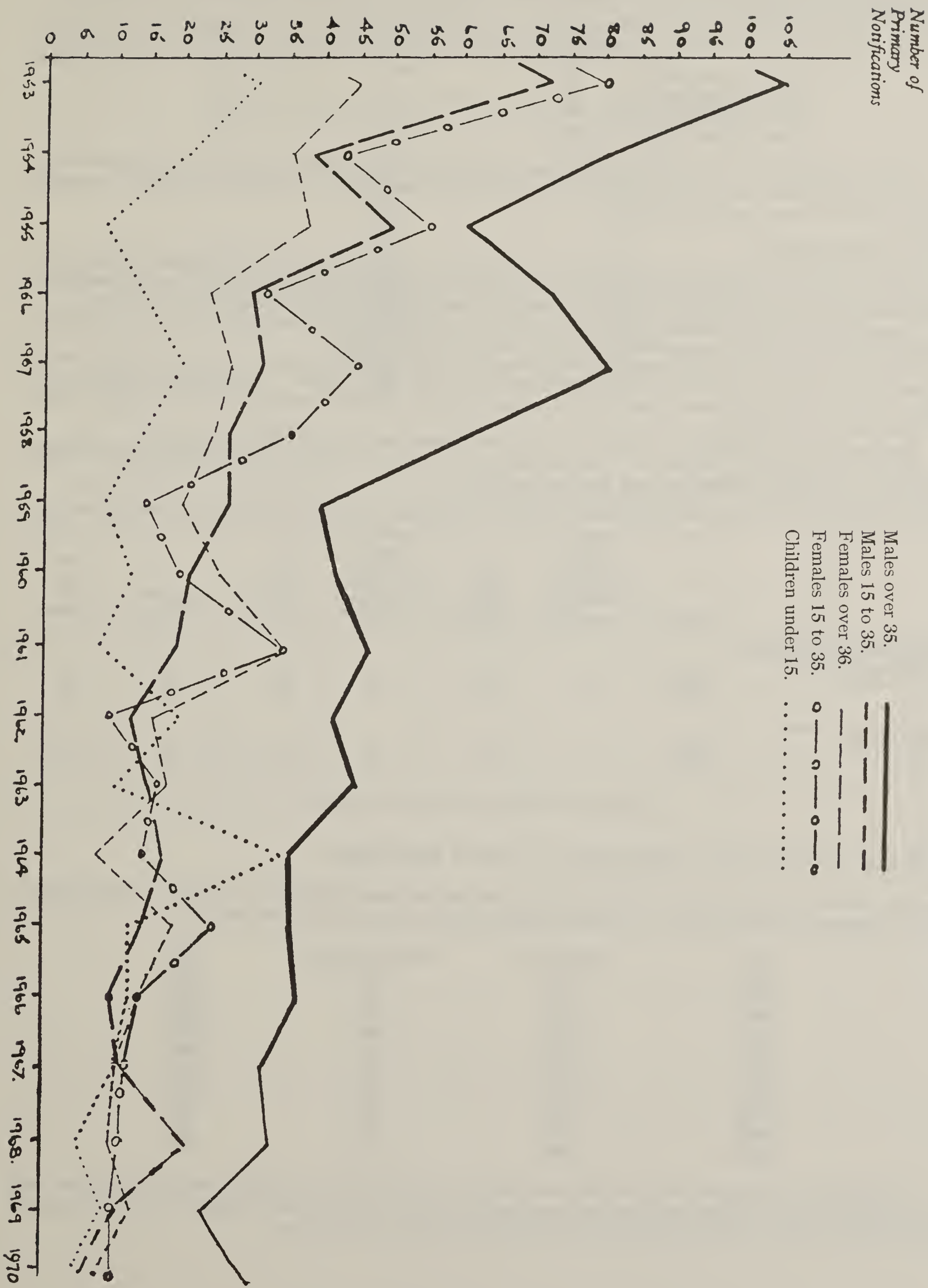
The percentage of positive reactors to the routine tuberculin skin testing of 13 year old children fell from 18.5% in 1969 to 10.7% in 1970.

In 1955 when the scheme of tuberculin skin testing first commenced the percentage of positive reactors was 36.8%.

DIVERSIONAL THERAPY AND FREE MILK

Visits were made to the homes of 11 tuberculous patients by the British Red Cross Society Workers, and diversional therapy mainly in the form of handicraft work was provided where requested. Three patients received free supplies of milk.

PRIMARY NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS SINCE 1953 IN SELECTED AGE GROUPS



B.C.G. IMMUNISATION

The following table shows the number of contacts tuberculin tested and immunised. Immunisation of schoolchildren is reported separately on page 28.

	<i>County (excl. Swindon)</i>	<i>Swindon</i>	<i>Total</i>
Number skin tested	327	134	461
Number found positive	17	18	35
Number found negative	310	116	426
Number immunised	338	184	522

Babies immunised soon after birth are not given a skin test which accounts for the number immunised being greater than the number found to have a negative reaction to the skin tests. The number of contacts immunised since the scheme started in 1950 is 8,795.

MASS RADIOGRAPHY

It was reported last year that following the review by the Department of Health and Social Security of the effectiveness of the mass radiography service, it was decided to reduce industrial and other surveys performed by the mobile units, concentrating available resources on the general practitioners aspect of the service.

The work of the mass radiography service in Wiltshire in 1970 shows that the number of general practitioner referrals increased to 8,158, compared with 3,863 in 1969 and 1,848 in 1960.

The discovery rate of active cases of tuberculosis per 1,000 X-rayed however, rose only slightly from 1.5 in 1969 to 1.6 in 1970, but fell from 4.0 in 1960 when only 1,484 were X-rayed The greater number of G.P. referrals did not produce a greater yield of active tuberculosis as was expected and this may be a further pointer to the decline in tuberculosis.

Regular weekly or fortnightly visits of the mobile units were made to the following places :—
Amesbury, Salisbury, Highworth, Wootton Bassett, Stratton St. Margaret, Calne, Chippenham, Devizes
Melksham, Trowbridge, Warminster and Bradford-on-Avon.

	X-Rayed	Number of cases of active Respiratory Tuberculosis discovered	Rate per 1,000 X-Rayed	Number of cases of inactive Respiratory Tuberculosis discovered	Rate per 1,000 X-Rayed	Carcinoma of lung	Rate per 1,000 X-Rayed
Weekly/Fortnightly Sessions at selected Centres for G.P. referrals 	8,158 3,863	13 6	1.6 1.5	25 32	3.1 8.3	20 21	2.5 5.4
Ordinary Visits of Mass Radiography 	1,748 13,631	1 3	0.6 0.2	2 25	1.1 1.8	— 11	— 0.8

(Figures shown in light type are those for 1969)

CASES OF TUBERCULOSIS REMAINING ON CLINIC REGISTERS

The number of new and old notified respiratory and non-respiratory tuberculosis patients remaining under active treatment and supervision at the end of selected years is shown in the following table :—

<i>Year</i>	<i>Respiratory</i>	<i>Non-Respiratory</i>	<i>Total</i>
1945	974	181	1,155
1950	1,416	434	1,850
1955	1,755	283	2,038
1960	1,800	299	2,099
1965	1,476	211	1,687
1966	1,255	199	1,454
1967	1,020	166	1,186
1968	673	156	829
1969	722	106	828
1970	560	136	696

In addition to the 696 notified cases, 661 who were not notified but had minimal forms of tuberculosis who had reached the arrested stage requiring observation only, remained on the clinic register at the end of the year thus making a total of 1,357 compared with 1,506 at the end of the previous year.

INFECTIOUS CASES OF TUBERCULOSIS

During the year 42 patients (34 new, 8 old) had a positive sputum compared with 47 in the previous year. In 1953, the year when the modern drugs began to take effect, 101 persons in Wiltshire were known to have positive sputum. By 1963, the number had dropped to 50. Since 1963, the decline in the number of sputum positive cases has been much more gradual as the table below shows, corresponding to the pattern of decline in notifications over the same period.

Number of patients in Wiltshire whose sputum was positive

<i>Year</i>	<i>Sputum positive</i>
1953	101
1954	88
1955	76
1956	57
1957	64
1963	50
1964	42
1965	52
1966	53
1967	39
1968	44
1969	47
1970	42

GENERAL COMMENTS

The decline in the notification and death rates, the positive tuberculin rate in 13 year old school children, and the sputum positive cases in 1970, are significant and encouraging signs of the continued success which is following the methods of control and treatment pursued over the past two decades.

**Miscellaneous Services*

CHRONIC SICK BEDS

During the year the Salisbury Group Hospital Management Committee referred 80 cases for investigation. In 47, priority of admission was recommended and in many of the remainder the patient was assisted with domestic help or home nursing.

REGISTRATION OF NURSING HOMES

No new nursing home was registered during the year, and none closed. At the end of the year there were five homes registered, providing 75 beds, including 4 maternity.

NURSERIES AND CHILD MINDERS REGULATION ACT 1948

The continued popularity of the pre-school playgroup is reflected in the numbers of nurseries and child minders registered with the County Council at the end of the year when there was a greater number of registrations than ever. There was no sign that the number will cease to grow, nor that standards of care provided by nurseries and minders were not maintained and in consequence no urgent call arose for day nurseries or other facilities for care to be set up directly by the County Council.

<i>Year</i>	<i>Nurseries</i>		<i>Child Minders</i>	
	<i>No. registered at end of year</i>	<i>No. of children provided for</i>	<i>No. registered at end of year</i>	<i>No. of children provided for</i>
1950	1	25	—	—
1956	1	14	5	39
1958	—	—	7	58
1960	—	—	11	90
1961	2	38	12	80
1962	2	38	22	178
1963	7	126	27	232
1964	13	236	33	277
1965	17	325	48	466
1966	29	566	56	534
1967	52	1,196	61	649
1968	66	1,502	56	533
1969	84	2,144	104	723
1970	94	2,039	145	496

This work involves not only the inspection and supervision of persons and premises and the activities carried out on the premises, but also observation to ensure that unregistered and unsuitable day care is not being undertaken. The supervisory work requires a good knowledge of the many facets of the group care of children, the staff concerned being required among other things to guide child minders and nursery group staff on the appropriate activities for a child's intellectual and emotional development as well as the management of handicapped children and the maintenance of satisfactory standards of hygiene. It has always been envisaged that doctors and senior public health nursing staff are required for its satisfactory performance.

NURSES AGENCIES ACT 1957

One application was in hand, and under consideration, at the end of the year. There was no licence in force in Wiltshire.

REGISTRATION OF BLIND AND PARTIALLY SIGHTED PERSONS

The register of blind and partially sighted persons is maintained by the Welfare Department, but where necessary, arrangements for examinations by ophthalmologists continue to be made by the Health Department, to which reports in all cases are submitted. During the year reports were obtained on 138 persons. 113 were newly certified as blind and 17 as partially sighted.

ADOPTION ACT, 1958

Medical opinion was given on confidential reports on prospective adopters in 62 cases as well as advice on babies considered for adoption and general medical advice to social workers.

*Statistics in this section exclude the Borough of Swindon.

EXAMINATION OF MEDICAL REPORTS

As from the 1st October, 1970, the use of a questionnaire completed by candidates was substituted for examination in certain posts in the County Council's service, and forms the basis for acceptance unless the information elicited indicates the need for a medical examination. The questionnaire method has been in use by other local authorities for some time, and is somewhat quicker. Medical examination remains a requirement for food handlers, the County Fire Service, the County Police Force, the Ambulance Service, and entrants to the teaching profession.

It is impossible to give a true assessment of the value of the questionnaire method following only three months' operation, but it is intended to include an appraisal in next year's report. The number of persons accepted as medically fit for appointments on the basis of information submitted by questionnaire in 1970 was, in fact, 187, and is included in the figure marked with an asterisk in the table below, which shows the total number of medical examination reports scrutinised during 1970 (1969 figures are shown in light type).

Number of medical examinations for entrants to the County Council's Service apart from those mentioned below	...	...	...	...	...	...	...	...	...	...	...	1,014*	757
Number of medical examinations for entrants to the Fire Service	...	...	...	...	...	...	...	...	...	...	...	50	54
Number of medical examinations for entrants to permanent posts in the School Meals Service	...	...	...	...	...	...	...	...	...	...	...	265	277
Number of medical examinations for entrants to temporary posts in the School Meals Service	...	...	...	...	...	...	...	...	...	...	...	49	50
Number of medical examinations for fitness to return to duty in the School Meals Service	...	...	...	...	...	...	...	...	...	...	...	42	47
Number of medical examinations for food handlers other than School Meals Service	...	...	...	...	...	...	...	...	...	...	...	40	60
Number of medical examinations for fitness to return to duty for food handlers other than School Meals Service	...	...	...	...	...	...	...	...	...	...	...	14	12
Number of medical examinations for food handlers in County Hall Canteen	...	...	...	...	...	...	...	...	...	...	...	7	10
Number of cases dealt with in connection with prolonged illness of breakdown pensions	...	...	...	...	...	...	...	...	...	...	...	53	55
Number of cases dealt with regarding fitness to drive	...	...	...	...	...	...	...	...	...	...	...	120	88
Number of examinations carried out for other authorities	...	...	...	...	...	...	...	...	...	...	...	45	46
Number of examinations carried out for West Wilts Water Board	...	...	...	...	...	...	...	...	...	...	...	14	18
Total												1,713	1,474

MEDICAL ARRANGEMENTS FOR LONG-STAY IMMIGRANTS

Since January 1965, notices have been received from Port Health Authorities in respect of 1,001 long-stay immigrants whose destination addresses were in Wiltshire. Arrangements have been made for these persons to be contacted by the health visitor for the purpose of explaining facilities available under the Health Service and of persuading them to register with a medical practitioner, with whom responsibility for a chest X-Ray rests.

				1965	1966	1967	1968	1969	1970
Notices received	...	...	...	227	149	136	164	163	162
Successfully contacted	...	...	...	190	140	116	136	129	137
Removed to known addresses in other areas and notices forwarded to appropriate Medical Officer	...	...	...	18	6	14	21	24	22
Untraceable	...	...	...	19	3	6	7	10	3
				227	149	136	164	163	162

None of the immigrants referred, who were successfully contacted after arrival in Wiltshire, have subsequently been notified as suffering from respiratory tuberculosis.

Sanitary Circumstances of the County

WATER SUPPLY

I am indebted to the Director General of the Meteorological Office for the rainfall figures for 1970 from eight selected rainfall stations in Wiltshire which are given in the following table.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Year	
													mm	inches
Swindon, Town Gardens N.G.R. 41-150834 476'	77.7	46.2	49.0	61.2	37.1	61.7	71.1	79.8	62.5	16.8	136.7	29.7	729.5	28.7
Malmesbury, Shipton Moyne N.G.R. 31-899887 312'	100.6	56.1	47.7	71.4	26.2	40.6	78.0	61.5	67.6	32.3	157.0	27.7	766.7	30.1
Aldbourne N.G.R. 41-260756 460'	92.7	61.0	61.2	61.7	25.4	34.3	75.2	62.5	51.3	11.2	163.6	39.9	740.0	29.1
Trowbridge N.G.R. 31-858577 131'	82.5	52.8	44.5	35.1	24.9	31.0	53.1	55.6	65.5	17.0	137.9	22.3	622.2	24.5
Salisbury, Atherton House N.G.R. 41-150307 250'	121.2	52.6	52.8	48.0	31.5	25.1	55.6	54.6	63.3	16.5	185.7	25.9	732.8	28.8
Mere N.G.R. 31-820326 350'	120.9	107.2	67.3	68.3	34.8	38.3	97.3	55.6	85.9	33.0	200.1	49.3	958.0	37.7
Upavon N.G.R. 41-161548 578'	95.2	49.1	56.1	51.4	20.9	40.8	68.3	51.3	81.8	18.3	167.8	29.7	730.7	28.8
Stourhead N.G.R. 31-778341 600'	134.1	114.6	70.1	70.3	26.2	42.9	96.1	60.4	82.8	30.9	203.5	46.3	978.2	38.5

Average General Rainfall for England and Wales 1970—912 mm (35.9 inches)

During the year nine water supply schemes were submitted to the County Council by the water boards for observations and grant. Eight schemes were under construction and three others were completed during the year. Schemes approved, in progress or completed during the year are given in the following table :—

Water Board	Scheme	Approved in 1970	In Progress 1970	Completed by 1970
North Wilts	Erlestoke	£7,472	£7,472	
	Whistley Farm, Potterne	£3,511	£3,511	
South Wilts	Nunton/Odstock	—	£18,400	£18,400
	Alton Barnes/Alton Priors		£13,040	
	Wootton Rivers	£7,340	£7,340	
Swindon Water Undertaking	Broad Hinton, Broad Town, Clyffe Pypard ...	£16,590	£16,590	
West Wilts	Northern Comprehensive Scheme Phase IVA ...			£19,257
	Chitterne Scheme Phase II			
	Martin's Lane, Keevil (Amendment)	£272		£3,000
	Stourton & Kilmington	£7,405		
	Lower Winchcombe Lane, Donhead St. Mary ...	£3,000		
	Stourton Estate (Western)	£5,144	£5,144	
	Hinton House Estate, Great Hinton	£852	£852	

LAY-BY SANITATION

The three public conveniences sited on the TR303 and the TR36 continued to be extensively used throughout the year.

Improvements to the site at Zeals were carried out. This consisted of landscaping and tree planting. The Zeals site is increasingly used by holiday caravanners for meal breaks and occasionally for overnight parking.

The Mere and Tisbury, Warminster and Westbury Rural District Councils manage the conveniences on behalf of the County Council and a high standard is maintained.

CARAVAN SITES ACT, 1968

At the end of the year 26 pieces of land had been investigated by Officers of the County Council as to their suitability as permanent sites for gypsies, but few of these proved to be possible sites taking into account the many points of view involved.

A meeting was held with representatives of the Salisbury and Wilton Rural District Council, the Downton and Redlynch Parish Councils to discuss the establishment of a permanent site at Lode Hill, Downton. At the end of the year negotiations were still taking place with the Salisbury and Wilton Rural District Council on the layout and construction of the site.

Just before the end of the year a site in the north of the County which was in the ownership of the County Council was being investigated by officers of the County Council.

RURAL HOUSING

There were no changes in housing legislation during 1970, but it was the first full year of the operation by the district councils of the Housing Act, 1969.

Improvement grant and other housing statistics for 1970 are shown in Appendix A.

SEWERAGE

Seventeen proposed schemes were submitted by rural district councils to the County Council for observations and/or grant during 1970. Nine schemes were under construction and fourteen others were completed during the year.

Rural sewerage schemes approved, in progress or completed in 1970 are given in the following table :—

Rural District	Scheme	Estimated Cost		
		Approved during 1970	In Progress during 1970	Completed during 1970
		£	£	£
Amesbury	Bourne Valley Stage I			320,900
	Bourne Valley Stage II	133,600		
	Tilshead		28,678	
Bradford and Melksham	Melksham Without			59,400
	Monkton Farleigh	43,082		
Calne and Chippenham	Corsham Works etc.		79,000	
	Corsham		130,500	
	Stanton	81,030		
Cricklade and Wootton Bassett ...	Wootton Bassett			376,000
Devizes	All Cannings and Bishops Cannings ...			180,000
	Market Lavington, Drove Lane	5,774		5,774
	Seend Cleeve and Stocks area	56,100		
Highworth	Blunsdon			66,000
	Blunsdon, Extension to S.D.W.	11,750		
	Hannington, Queens Road Extension ...	1,550		1,550
	Draycot Foliat	4,500		
	Kingsdown surface water sewer	12,500		12,500
	Stratton St. Margaret, Hyde Road	2,000		2,000
	Wanborough, surface water sewer	31,000		
Malmesbury	North Eastern Scheme			406,500
	" " " Extensions	4,500		4,500
	" " " Minety Extension	3,650		3,650
	Corston	61,200		
Marlborough and Ramsbury ...	Mildenhall (Revised)	85,000		
Mere and Tisbury	East Knoyle (Revised)	190,000		
Pewsey	Collingbourne			126,000
Salisbury and Wilton	Dinton		93,670	
	Downton Extensions to S.D.W.		112,300	
	Whiteparish Extension			6,300
	Winterslow, Alteration to S.D.W.	52,500		
Warminster and Westbury ...	Whorewellsdown		456,000	
	" (Amended)		117,500	
	Upton Scudamore		42,615	
West Wilts Water Board ...	Divers Bridge, Corsley		8,295	

SUPERVISION OF MILK AND FOOD

Number of registered Milk Producers in Wiltshire at the end of 1970	1,773
Number of licensed Producer Retailers	26
Number of Producer/Wholesalers	1,747
Number of Milk Distributors	397
Number of Wiltshire pasteurising dairies	6

The Health Department’s work in connection with the milk supply was continued throughout the year with the aim of ensuring that all milk sold within the County reached the consumer in a safe and clean condition.

The County Council’s Public Health Inspectors made weekly visits to the six pasteurising plants and took 719 samples. Of these 716 passed the phosphatase test and 713 passed the methylene blue test.

Of the three samples which failed the Phosphatase test indicating inadequate pasteurisation, one was at a dairy which contained old equipment, which has since been replaced and moved to modern premises. The second failure was found to be due to a fault in the flow diversion valve of the H.T.S.T. plant. Service maintenance engineers were called by the dairy immediately and quickly remedied the fault. The third failure occurred at a small family dairy which uses a holder type plant. The valve controlling the milk flow was found to be faulty and was replaced. Follow up samples in all of these cases were found to be satisfactory.

Six samples failed the methylene blue test indicating the poor keeping quality of the milk. Credit must be given to the dairies for efficient filtration of the milk and one wonders if certain farmers tend to rely too much on the dairy filtration equipment ; this will be the subject of further scrutiny.

Liaison between the County Council and district councils was maintained in connection with the milk scheme delegated to district councils in 1961 whereby systematic sampling covers all milk distributors retailing milk within the County. The number of samples and laboratory results are given in the following table. 1969 figures are given in light type.

Type of Milk Sample	Estimated Annual Sample Target		Number of Samples Examined		Laboratory Results				Percentages of Sample Failures	
					Pass		Fail			
Raw Milk Statutory Test ...	294	656	285	433	251	387	34	46	11.93%	10.62%
Raw Milk Biological Test ...	294	656	333	496	325	473	8	23	2.40%	4.63%
Heat Treated Statutory Test	3,679	3,548	2,220	2,112	2,147	2,055	73	57	3.28%	2.69%
TOTALS ...	4,267	4,860	2,838	3,041	2,723	2,915	115	126	4.05%	4.14%

FOOD AND DRUGS

I am indebted to the Chief Inspector of Weights and Measures for the following information concerning food and drugs administration during 1970.

The County Council is the Food and Drugs Authority in all areas of the County outside the Borough of Swindon, and the Food and Drugs Act 1955 together with its many supporting Orders and Regulations, is enforced by the County Council Weights and Measures Department.

A total of 1,040 samples were taken throughout the area controlled, steps being taken to cover the widest range of articles to ensure compliance with all the current legal requirements.

Trade	Offence	Contrary to	Fine £ p	Costs £ p	Venue
Farmer ...	Possessing milk for sale to which an addition of water had been made	Food & Drugs Act, 1955 Sec. 32	10 00	11 30	Melksham
Farmer ...	Possessing milk for sale to which an addition of water had been made (2 charges)	Food & Drugs Act, 1955, Sec. 32	20 00	28 25	Crudwell
Milk Producer/ Retailer	Selling Channel Islands milk deficient in milk fat	Milk & Dairies (Channel Islands & South Devon Milk) Regulations 1956	5 00	4 14	Whiteparish

OTHER ACTION

Nature of alleged offence						Written Caution	Attention drawn to irregularities	Referred to other Authority
Food—substandard	...	...	...	...	...	8	10	4
Food—misdescribed	...	...	...	...	...	2	2	—
Food—containing unlawful additive			...	...	...	—	1	—
Food—containing foreign body	...	...	...	...	...	1	1	3

REFUSE DISPOSAL

Following a request from the County Branch of the Rural District Councils Association the County Council agreed to ask the Local Government Operational Research Unit to carry out a refuse disposal study for the whole County. This study would evaluate the alternative methods of disposal and the number of and location of any disposal plants and sites.

TOWN AND COUNTRY PLANNING

The County Planning Officer asked for my observations on eight planning applications which in his opinion might have public health implications or could adversely affect the environment.

Swindon Borough

The following are the statistics for 1970 relating to functions of the health service delegated to the Swindon Borough Council under Section 46 of the Local Government Act, 1958.

BIRTHS

				Adjusted live births	Adjusted still births	Total adjusted births
Domiciliary	...	...		144	—	144
Institutional	...	...		1,360	19	1,379
TOTAL	...	...	...	1,504	19	1,523

PREMATURE BIRTHS

During the year there were twenty-two deaths of premature babies of which five were babies weighing 3 lbs. 4 ozs. or less at birth.

CLINIC SERVICES

ANTE-NATAL AND POST NATAL—None.

ANTE-NATAL, MOTHERCRAFT AND RELAXATION CLASSES

Number of women who attended during the year	Institutional booked	9
	Domiciliary booked	2
	Total	11
Total number of attendances during the year	... ..	39

CHILD WELFARE CENTRES

Number of children who attended during the year				Number of sessions held by				Total number of sessions
Born in 1970	Born in 1969	Born in 1965 to 1968	Total	Medical Officers	Health Visitors	G.P's employed on a sessional basis	Hospital medical staff	
1,221	1,261	1,630	4,112	488	78	—	—	566

HEALTH VISITING

Cases visited by health visitors													Number of cases
Children born in 1970	...	...	...	...	...	...	...	...	...	...	...	...	1,482
Children born in 1969	...	...	...	...	...	...	...	...	...	...	...	...	1,192
Children born in 1965-68	...	...	...	...	...	...	...	...	...	...	...	...	2,705
Total	...	...	...	...	...	...	...	...	...	...	...	...	5,379
Persons aged 65 or over	...	...	...	...	...	...	...	...	...	...	...	...	274
Number included in line 5 who were visited at the special request of a G.P. or hospital											...	...	5
Mentally disordered persons											...	...	—
Number included in line 7 who were visited at the special request of a G.P. or hospital											...	...	—
Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)											...		28
Number in line 9 who were visited at the special request of a G.P. or hospital											...	...	27
Number of tuberculous households visited											...	...	38
Number of households visited on account of other infectious diseases											...	...	68
Other cases											...	...	134

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1970

Number of domiciliary confinements attended by midwives under N.H.S. arrangements					Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day
Doctor not booked		Doctor booked		Total	
Dr. present	Dr. not present	Dr. present	Dr. not present		
—	3	42	98	143	743

This table relates to women delivered, and not, in the case of multiple births, to infants.

HOME NURSING

Total number of persons nursed during the year	...	...	...	...	...	...	...	1,363
Number of persons who were aged under 5 years at first visit during the year								39
Number of persons who were aged 65 or over at first visit during the year								556

HOME HELP SERVICE

	Home help to households for persons					
	aged 65 or over on first visit during the year	aged under 65 on first visit during the year				Total
		Chronic sick and tuberculous	Mentally disordered	Maternity	Others	
Number of cases	857	5	1	13	33	909

DAILY MINDERS AND REGISTERED NURSERIES

	Nurseries and Child Minders Regulation Act, 1948		
	Premises registered at end of year		Daily minders registered at end of year
	Factory	Other Nurseries	
Number of premises or persons	—	15	51
Number of children permitted	—	529	218

REGISTRATION OF NURSING HOMES UNDER SECTION 187 TO 194 OF PUBLIC HEALTH ACT, 1936
AS AMENDED BY THE NURSING HOMES ACT, 1963

	Number of Homes	Number of beds provided		
		Maternity	Other	Total
Homes registered during year	—	—	—	—
Homes whose registrations were withdrawn during year	—	—	—	—
Homes on the register at end of year	1	—	33	33

IMMUNISATION AGAINST DIPHTHERIA, WHOOPING COUGH, TETANUS, POLIOMYELITIS AND MEASLES

Completed Primary Courses—Number of persons under 16

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1970	1969	1968	1967	1963—66		
Triple DTP	182	808	213	10	13	2	1,228
Diphtheria/Tetanus	8	7	9	7	24	5	60
Diphtheria	—	—	—	—	—	—	—
Tetanus	2	7	4	2	17	134	166
Measles	20	530	501	109	169	43	1,372
Sabin (Poliomyelitis)	162	807	254	22	40	14	1,299

Reinforcing Doses—Number of persons under 16

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1970	1969	1968	1967	1963—66		
Triple DTP	—	112	7	8	14	2	223
Diphtheria/Tetanus	—	—	8	6	913	29	956
Diphtheria	—	—	—	—	—	—	—
Tetanus	1	2	1	4	14	120	142
Salk (Poliomyelitis)	—	—	—	—	—	—	—
Sabin (Poliomyelitis oral)	—	79	102	7	1,066	43	1,297

IMMUNISATION AGAINST RUBELLA—Nil

SMALLPOX VACCINATIONS. Persons aged under 16

Age at date of vaccination	Number of persons vaccinated (or re-vaccinated during period)	
	Number vaccinated	Number re-vaccinated
0—3 months	1	—
3—6 months	1	—
6—9 months	4	—
9—12 months	2	—
1 year	612	8
2—4 years	137	124
5—15 years	78	161
TOTAL	835	293

B.C.G. VACCINATION

Return of Tuberculin Test and B.C.G. Vaccinations for year ending 31st December, 1970.

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

A. CONTACTS (Circular 19/64)							
i	Skin tested	...	...	...	...	...	134
ii	Found positive	...	...	...	...	...	18
iii	Found negative	...	...	...	...	...	116
iv	Vaccinated	...	...	...	...	...	114
B. SCHOOL CHILDREN AND STUDENTS (Circular 19/64) excluding those known to have received B.C.G. vaccinations already.							
i	Skin tested	...	...	...	...	...	1,273
ii	Found positive	...	...	...	...	...	102
iii	Found negative	...	...	...	...	...	1,135
iv	Vaccinated	...	...	...	...	...	1,133

RURAL HOUSING STATISTICS FOR THE YEAR ENDING 31st DECEMBER, 1970															
	Amesbury R.D.	Bradford and Melksham R.D.	Calne and Chippenham R.D.	Cricklade and Wootton Bassett R.D.	Devizes R.D.	Highworth R.D.	Malmesbury R.D.	Marlborough and Ramsbury R.D.	Mere and Tisbury R.D.	Pewsey R.D.	Salisbury and Wilton R.D.	Warminster and Westbury R.D.	TOTAL		
1. Number of permanent dwellings in district at end of year	5,520	5,500	8,989	7,315	4,809	14,941	3,841	3,732	4,276	7,429	7,969	5,307	79,628		
2. Number of permanent dwellings in district owned by local authority	1,621	800	2,039	1,426	1,247	2,446	635	715	814	1,643	1,225	697	15,308		
3. Number of temporary dwellings in district owned by local authority	—	—	63	—	—	—	—	—	—	—	—	—	63		
4. Number of applications for Council dwellings at end of year	521	250	368	394	399	688	217	195	302	504	204	—	4,042		
5. <i>Inspection of dwellings during year °</i>															
A. <i>Under Public Health Acts</i>															
(i) Number of dwellings inspected	19	—	9	15	59	1,210	262	792	32	4	230	273	2,905		
(ii) Number of dwellings found to be unfit	5	—	—	14	11	—	37	10	13	4	29	—	123		
(iii) Number of dwellings made fit after informal action	4	—	—	24	9	—	44	10	10	3	29	—	133		
(iv) Number of dwellings where formal notices were served	1	—	—	2	—	2	—	—	—	2	4	—	11		
(v) Number of dwellings made fit after formal notice	1	—	—	2	—	—	—	—	—	—	4	—	7		
(a) By Owners	1	—	—	2	—	—	—	—	—	2	4	—	9		
(b) By local authority in default of owners	—	—	—	—	—	—	—	—	—	—	—	—	—		
B. <i>Under Housing Acts</i>															
(i) Number of dwellings inspected	98	13	152	370	183	1,210	Figures given in 5A above include inspections under Housing Acts	792	110	2	84	60	3,074		
(ii) Number of dwellings found to be unfit	57	13	8	249	23	1		29	33	2	23	3	441		
(iii) Number of dwellings where informal notices were served	47	—	8	195	17	—		2	6	—	15	—	290		
(iv) Number of dwellings made fit after informal action	31	—	16	161	22	—		26	31	—	15	9	311		
C. <i>Proceedings under Section 9 and 10 Housing Act, 1957</i>															
(i) Number of dwellings where notices were served requiring defects to be remedied	—	—	—	—	—	—	—	—	—	—	—	—	—		
(ii) Number of dwellings rendered fit after service of formal notices	—	—	6	2	—	—	—	—	—	—	—	1	9		
(a) By Owners	—	—	6	0	—	—	—	—	—	—	—	1	7		
(b) By local authority on default of owners	—	—	—	2	—	—	—	—	—	—	—	—	2		
D. <i>Proceedings under Section 16 and 17 Housing Act, 1957</i>															
(i) Number of demolition Orders made	2	2	—	4	—	—	—	1	—	1	6	1	17		
(ii) Number of dwellings demolished as result of demolition Orders	34	5	4	4	—	2	3	2	—	2	9	13	78		
(iii) Number of undertakings accepted to make fit or not to re-let	—	—	1	16	—	—	5	—	4	—	1	1	28		
(iv) Number of dwellings made fit as result of undertakings	—	3	—	10	1	1	3	—	—	2	7	—	27		
E. <i>Proceedings under Sections 16, 17, 18, 26 and 35 Housing Act, 1957, and Section 26 Housing Act, 1961</i>															
(i) Number of dwellings where closing Orders were made	3	1	—	43	12	—	—	3	—	1	1	1	65		
(ii) Number of dwellings closed as result of closing Orders or undertakings by owners	3	1	4	17	3	—	5	2	—	2	2	1	40		
F. <i>Proceedings under Sections 17, 42, 43, 46 and 48 Housing Act, 1957</i>															
(i) Number of dwellings in clearance areas upon which demolition Orders were made	—	—	—	—	—	—	—	—	—	—	—	—	—		
(ii) Number of dwellings demolished as result of demolition Orders	—	—	—	—	—	—	—	—	—	—	—	—	—		
(iii) Number of dwellings in clearance areas which have been retained as temporary accommodation	—	—	—	—	—	—	—	2	—	—	—	—	2		
G. <i>Proceedings under Section 76 Housing Act, 1957</i>															
(i) Number of cases of overcrowding at end of year	1	—	—	2	—	—	—	—	1	3	—	1	8		
(ii) Number of cases of overcrowding discovered during year	1	1	—	2	—	—	—	—	6	2	—	1	13		
(iii) Number of cases of overcrowding abated during year	1	1	—	3	—	—	—	—	6	2	—	—	13		
6. Dwellings erected or converted during year :															
<i>Dwellings erected during year :</i>															
Local Authority	52	Figures not available	22	97	21	14	—	11	36	45	21	4	323		
Private Enterprise	66		209	225	73	393	82	29	33	52	103	90	1,355		
Housing Associations etc.	—		24	—	—	—	—	—	—	—	—	18	42		
<i>Gained from conversion of large houses into flats or dwellings :</i>															
Local Authority	—		—	—	—	—	—	—	—	—	—	—	—		
Private Enterprise	—		4	—	10	—	—	10	5	1	3	1	34		
Housing Associations	—		—	—	—	—	—	—	—	—	—	—	—		
<i>Lost from conversion of two or more houses into one :</i>															
Local Authority	—		—	—	—	—	1	—	5	—	—	—	6		
Private Enterprise	—		3	1	7	4	—	6	6	—	9	1	37		
Housing Associations	—		—	—	—	—	—	—	—	—	—	—	—		
7. Grants made under the Housing Acts 1949—1969 :															
<i>Value of grants paid :</i>															
Improvement	£3,289 2 0	Figures not available	£19,257 0 0	£14,141 2 6	£3,059 0 0	£10,482 0 0	£15,281 0 0	£7,036 0 0	£6,524 0 0	£10,775 0 0	£14,954 0 0	£7,055 10 0	£111,853 14 6		
Standard	£662 8 0		£7,766 0 0	£3,361 10 6	£6,291 15 2	£4,775 0 0	£2,480 0 0	£2,436 0 0	£4,110 0 0	£2,681 6 0	£1,836 0 0	£3,365 8 2	£39,765 7 10		
Special	£ —		£ —	£ —	£ —	£ —	£ —	£ —	£ —	£ —	£ —	£ —	£ —		
<i>No. of dwellings completed as a result of :</i>															
Improvement Grants	5		32	21	4	125	24	16	10	23	22	10	292		
Standard Grants	5		34	19	33	28	18	14	19	15	7	14	206		
Special Grants	—		—	—	—	—	—	—	—	—	—	—	—		
8. <i>Housing Act 1969 Part II</i>															
No. of Improvement areas declared under Section 28(i)	—	—	—	—	—	—	—	—	—	—	—	—	—		
9. <i>Housing Act 1969 Part III</i>															
Number of qualification certificates issued under Sections 45(2) and 46(3) ...	5	—	1	—	14	2	—	—	1	1	3	4	31		

